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Baseline Study in Degree Colleges of Uttar Pradesh Running NSS Program to Assess the Awareness Level of Youth on Various Health Issues

Baseline Study Report

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Executive Summary

As children grow up and move into adolescence and adulthood/youth they need to acquire a combination of knowledge, skills, attitudes, and behaviours that enable them to efficiently handle themselves and successfully interact with other people and the environment. Investing in younger generation improves the economic and demographic dividends. SIFPSA has targeted a project for the youth, through the NSS program, to be implemented in 40-degree colleges across all 18 divisions of Uttar Pradesh through which it intends to build the leadership qualities and confidence among the youth. The present baseline study was conducted by SIFPSA to understand the knowledge, attitudes, behaviours and practices of the students on various health-related and legal issues.

The study was conducted in 40 degree colleges in 18 divisional districts of Uttar Pradesh and the KABP of 2000 youth enrolled in these colleges were interviewed. The study analysis involved two parts – (1) Gender attitudes and knowledge of legal issues and; (2) Awareness on health-related aspects. The following were the main findings of the study.

Gender Attitudes and Awareness of Legal Issues Among Youth

Gender Attitude: As regards the gender attitudes of the youth, close to about 98.3% of the young respondents felt that boys and girls should be given equal treatment in aspects of food, education, sports, and love. About 90% also felt that boys should help with household chores. Negative gender perceptions were also prevalent among the youth with above 30% of the respondents stating that mothers should be given respect and treated well only on giving birth to a baby boy or else can be abused. About 10% of them also felt that boy should be given delicious food and girls should get only the remaining food. There were 15% of them who also felt that fertility related matters are women's concern. These turns out to be indications of prospective gender stereotyping in the society in the years to come which is a matter of concern and requires appropriate interventions of behavior and attitude changes.

Legal Issues and Offenses: As expected there were knowledge gaps among youth on the legal issue and offenses as well. The legal marriageable age of boys was known to only about 76.3% of the respondents whereas, that of girls was known to about 83.6% of the respondents. Most of them were aware of delayed childbirth (67.9%) and also the spacing required between the first and the second child (72.9%). Yet, there were about 20% of youth who felt that it was correct to have a child when they were below 20 years of age.

Above 90% of the youth/adolescents were aware that dowry death (90.2%) and assault of women (92.0%) is a crime and is an illegal act. But, in case of abortion only 84.8% were aware that it was a crime and there remained 15.2% of them who did not know that abortion was a legal offense. About 26% of the respondents did not even know the punishment for a rape convict and correct knowledge of punishment for rape was known to only 27.9% of youth. In the opinion of the younger lot, those helping families in giving and taking dowry, those demanding dowry and families who are taking dowry were the main culprits with respectively 52.4%, 47% and 36.5% of them responding so. About 34% of them also blamed the families who are giving dowry as the main culprit in the system.

Health-related KABP

Cleanliness and Hygiene: Almost all of the study respondents were aware of maintaining the safety of drinking water and an equal proportion of them also felt that hands should be washed before eating food. Also, fair proportions of respondents (96%) in general felt the need to wash fruits and vegetables before eating.

Nutrition: The study observed the youth to be aware of the need for a balanced diet to stay healthy and strong. Though, there were misconceptions around the fact as there were 22% of the youth that stated of eating just to satiate hunger with even higher proportions in Moradabad, Jhansi and Azamgarh districts stating so.

Overall, proportions as high as 34% of youth lacked knowledge of balanced diet is an issue of concern. The proportions of youth aware of balanced diet was much lower in the districts of Moradabad (52%), Banda (52%), Faizabad (57%), Gorakhpur (58%) and Kanpur (55%) while this awareness was good in the districts Meerut and Varanasi. Awareness on sources of nutrition was only average among the youth as only 51.8% of them stated that carbohydrates and fats strengthen the body, about 69.8% knew the correct source of protein and only about 54.8% of them overall had the correct knowledge of source of carbohydrate.

Sexual and Reproductive health: Close to 60% of the respondents depended on parents for clarification/advice on their sexual and reproductive health-related queries and about 50% of the, depended on the doctors.

Menstrual Hygiene: There was misconception among youth that menstruation is discharge of impure blood with above 64% of them stating so. Also, only 73.4% of youth felt that they can take bath during menstruation. There is need for creating awareness among youth on the personal hygiene practices to be followed with use of various materials as 60% of youth felt that they should use sanitary napkin and only 40% feel that it should be changed regularly. Also, only about 40% of them said that they should go to doctor if they have menstrual problems.

Pregnancy: The study found 36% of the youth were aware of correct month of registration (2-3 months) for ANC. Though 32% stated that this should be done in the first month of pregnancy, this rarely happens as the pregnancy gets confirmed in the second month in general. It seemed that there was lack of knowledge of the process and procedures among the respondents in this regard.

Only 21% of the youth stated that three ANC check-ups are essential. However, more proportions of 44.8% stated that 4 ANC check-ups are required which indicated that the youth were aware of the need for 4 ANCs advocated in recent years. About 65% of the youth were aware of the importance of taking TT whereas only 20.5% of them were aware that two doses of TT was required. Also, about 38% have stated that they did not know the correct dosage of TT required. There was awareness that Iron and Folic Acid (IFA) tablets were essential during pregnancy. Though, there were only 17.5% of them who had correct knowledge of the amounts of it to be consumed during pregnancy.

Examining the birth preparedness among youth it was found that less than 60% of the youth even knew about the basic needs like identification of hospital and health worker and the mode of transport to hospital. Saving money for delivery was least stated by the youth. There is need for increasing the knowledge of birth preparedness among the youth.

Newborn Care: On the practices of newborn care too, about 73.5% of the youth were aware of the importance of colostrum feeding immediate after delivery. However, only 43.4% of the respondents knew that it has to be initiated within one hour of birth. Very few, only 12% had right information of the time to give first bath to the newborn while a 22% of them did not know when to give first bath.

There was about 61.5% of the respondents were aware that ORS is to be given to child in instances of Diarrhea. It was also observed that the youth were aware of certain vaccine preventable diseases in children but not all. The commonly known vaccines were Polio (72.4%) and Measles (60.5%) followed by Tetanus (55.4%) and Night blindness (52.9%). The vaccines like Hepatitis-B, Pertussis, Tuberculosis (TB), Japanese Encephalitis (JE) and Diphtheria were less known among the youth and adolescents.

Planned Parenthood: Most of the youth were of the opinion that small family is important as it ensures better quality of life. There were about 20% of them who did not know of the family planning methods. About 25% had the misconception that female sterilization was a temporary method and this was quite higher in Mirzapur district compared to others. Similarly, about 20% each think that contraceptive injections and IUCDs were permanent methods. Therefore, it is essential to clear this misconception among the youth. One-fourth of the youth were supportive of resorting to emergency contraception which was much higher in Basti (40%) and Meerut (39%) districts. Another 27.8% of them did not know or were not able to say if it was better option.

Non-communicable diseases:

Anemia: The study found only 34.7% of the youth were aware of the correct Hb levels in the human body and this was very poor in Gonda district where only 8% of them had correct knowledge of anemia. About 87% of the youth were aware of the correct symptoms of anemia with the awareness levels being low in Agra district, 69.4% stated of not having food rich in protein and iron as the main reason for anemia and 89.6% aware of the prevention measures of anemia,

HIV/AIDS: There was fair knowledge in the study area of how the disease is transmitted. In spite of majority having correct knowledge, there were about 21% of the youth who felt that playing and sitting with HIV infected person spreads the disease. Eating with them is dangerous felt about 11.2% of youth and 11.5% of them were not aware of how the infection gets transmitted. The preventive measures were known to only above 50% of the respondents. Few of the adolescents in proportions of 12.5% and 10.2% who stated sterilization and taking tetanus respectively as measures of prevention from HIV-AIDS had wrong perceptions on the disease prevention.

Substance Use: The study observed that below 50% of the youth resorted to substance use due to the misconception of relief from mental problems which was stated mostly by the respondents in Meerut district. Below 50% of them also stated that they tried it out of

eagerness to do it once in life. Pressure from classmates and friends was stated as the reason by about 42% of youth and about 27% of them tried it to get rid from loneliness. The youth who were subject to use of substances/drugs stated that since they got to the addiction their health and future deteriorated and their families were subject to poverty (83.4%). There were about 3.4% of the substance users who felt that their reputation among friends has increased by doing so.

Suggestions for Way Forward

The following are the suggestions for the way forward in planning and execution of the SIFPSA programme.

- **Bridge Knowledge and Practice Gaps:** Practice/Behaviour issues were an issue throughout all the aspects studied. Therefore, strategy should be developed to improve the practicing of the knowledge.
- **Improving SRH knowledge:** Poor menstrual hygiene practices and masturbation related myths were observed to be high among the youth which needs to be busted. The knowledge on aspects of pregnancy and ante-natal care needs to be improved. Birth preparedness knowledge should also be improved. Knowledge on Immunization aspects were not as expected. It has a long term effect on future parenthood and positive experience of pregnancy and this awareness needs improvement. 'Breastfeeding is very important for a healthy life' – is a known fact, however, the knowledge among educated youth is quite low. On the other hand, breastfeeding is the most sought after IEC activity by the Health and ICDS department since a long time which can be extended to this program.
- **Improving Knowledge of Planned Parenthood:** Huge knowledge gaps were found in the knowledge of safe sex practices and temporary and permanent methods which need attention.
- **Improving Knowledge of Anemia and Healthy Diet Practices:** The youth portrayed lack of knowledge on the sources of various essential nutrients. Knowledge of healthy diet is to be inculcated among youth. They were also not aware of the correct Hb levels in human body and therefore lacked knowledge of identification of Anemia. Though, they were aware of prevention and treatment measures.
- **Improve Knowledge Gaps in HIV Prevention Methods:** The youth had considerable knowledge on how the disease is transmitted. But, there were fair amount misconceptions too in the spread of infection and prevention measures too.
- **Improve the Awareness of Legal Issues and Offenses:** Despite of massive IEC on Fertility Issues (gap between two consecutive births, Delayed first birth, legal age at marriage etc.) since ages, the Knowledge level among educated adolescent/youth is not that high, which needs a relook. Though dowry harassment and assault on women were accepted as illegal acts by most of the youth, there were individuals who did not know that abortion is a crime or the punishment for a rape convict.
- Improve awareness on the harmful effects of substance use on health and life.

District-wise Key Factsheet Indicators

Key Indicators (%)	Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
Number of respondents	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	300	100	100	2000
Health & Nutrition																			
Aware about the balanced diet nutrition	72.0	69.0	52.0	68.0	57.0	67.0	71.0	70.0	62.0	60.0	68.0	83.0	52.0	58.0	83.0	69.7	55.0	63.0	66.0
Aware about nutritious element who gives strength to the body	96.0	99.0	100.0	100.0	98.0	97.0	99.0	98.0	97.0	96.0	99.0	99.0	100.0	95.0	91.0	95.3	97.0	99.0	97.3
Knowledge about the best source of protein	75.0	75.0	47.0	78.0	70.0	47.0	76.0	62.0	62.0	69.0	70.0	86.0	82.0	70.0	82.0	68.0	67.0	74.0	69.8
Knowledge about the best source of carbohydrate	69.0	60.0	25.0	50.0	64.0	46.0	62.0	42.0	42.0	38.0	54.0	73.0	64.0	49.0	85.0	53.7	50.0	61.0	54.8
To keep body healthy and strong, one should always take balanced diet	95.0	92.0	94.0	86.0	96.0	88.0	88.0	91.0	81.0	96.0	94.0	99.0	97.0	86.0	90.0	91.3	92.0	97.0	91.8
Nutritious food is expensive and only rich people can get it	8.0	6.0	16.0	5.0	8.0	15.0	7.0	15.0	6.0	5.0	15.0	4.0	5.0	4.0	6.0	10.3	8.0	8.0	8.6
We eat food to satiate the hunger	14.0	21.0	46.0	16.0	22.0	32.0	29.0	35.0	26.0	31.0	23.0	18.0	21.0	10.0	15.0	20.0	20.0	12.0	22.6
Nutrition means eating too much desi ghee	4.0	5.0	19.0	3.0	6.0	10.0	2.0	11.0	5.0	12.0	7.0	2.0	6.0	2.0	0.0	4.3	3.0	13.0	6.2
General Hygiene																			
Drinking water should always be kept covered	100.0	98.0	100.0	100.0	99.0	100.0	98.0	96.0	99.0	100.0	99.0	100.0	99.0	97.0	99.0	98.3	98.0	98.0	98.8
Fruits and vegetable should always be cleaned with water before eating	94.0	96.0	94.0	98.0	95.0	84.0	97.0	96.0	92.0	93.0	94.0	98.0	97.0	96.0	97.0	96.3	95.0	100.0	95.3
Hand washing should be done before eating	100.0	100.0	100.0	99.0	99.0	96.0	98.0	95.0	99.0	100.0	99.0	100.0	100.0	99.0	99.0	99.0	99.0	99.0	98.9
Anemia																			
Aware about the correct hemoglobin level in human body	38.0	39.0	27.0	41.0	46.0	36.0	26.0	35.0	35.0	33.0	28.0	50.0	31.0	30.0	46.0	35.3	38.0	8.0	34.7

Key Indicators (%)	Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
Aware about Symptoms of Anemia	94.0	86.0	82.0	91.0	85.0	82.0	86.0	87.0	75.0	90.0	89.0	97.0	94.0	90.0	90.0	84.0	83.0	89.0	87.1
Type of Symptoms																			
Frequent Fever	1.0	5.0	11.0	4.0	6.0	13.0	11.0	7.0	7.0	2.0	5.0	1.0	4.0	4.0	3.0	5.0	10.0	0.0	5.5
Marks on face	2.0	9.0	6.0	3.0	5.0	5.0	3.0	4.0	13.0	7.0	6.0	1.0	0.0	3.0	2.0	5.3	5.0	0.0	4.5
Weakness (Face, hand, nail, eyes become white)	94.0	86.0	82.0	91.0	85.0	82.0	86.0	87.0	75.0	90.0	89.0	97.0	94.0	90.0	90.0	84.0	83.0	89.0	87.1
Aware about reason for anemia	77.0	69.0	55.0	81.0	70.0	63.0	71.0	58.0	59.0	60.0	75.0	85.0	70.0	66.0	81.0	67.0	48.0	78.0	68.4
Aware about prevention of anemia	88.0	93.0	86.0	96.0	92.0	90.0	91.0	85.0	81.0	84.0	94.0	96.0	90.0	93.0	93.0	88.3	82.0	93.0	89.6
Menstruation																			
Aware about menstrual hygiene (correct practice-Use of Sanitary napkin and take bath))	65.0	71.0	51.0	73.0	65.0	39.0	68.0	69.0	63.0	63.0	60.0	77.0	60.0	68.0	72.0	76.3	53.0	61.0	65.4
Menstruation means discharge of impure blood	52.0	78.0	64.0	54.0	63.0	61.0	64.0	80.0	69.0	75.0	82.0	43.0	70.0	48.0	68.0	64.7	63.0	48.0	63.8
Take bath during menstruation	68.0	79.0	67.0	84.0	74.0	59.0	75.0	77.0	63.0	78.0	72.0	79.0	67.0	75.0	75.0	78.7	64.0	75.0	73.4
Material used during menstruation																			
Sanitary Pad	90.0	84.0	73.0	82.0	86.0	71.0	86.0	86.0	89.0	79.0	83.0	94.0	90.0	87.0	92.0	91.0	74.0	82.0	85.1
Clean Cloth	5.0	13.0	19.0	10.0	12.0	23.0	5.0	11.0	6.0	12.0	15.0	3.0	7.0	6.0	3.0	2.3	11.0	17.0	9.3
Any Cloth	1.0	2.0	2.0	0.0	0.0	2.0	1.0	0.0	2.0	3.0	0.0	0.0	1.0	1.0	0.0	0.7	3.0	0.0	1.0
Don't know	4.0	1.0	6.0	8.0	2.0	4.0	8.0	3.0	3.0	6.0	2.0	3.0	2.0	6.0	5.0	6.0	12.0	1.0	4.7
Planned Parenthood																			
Knowledge on pregnancy related preparation-Birth Preparedness																			
Saving Money	27.0	36.0	50.0	23.0	19.0	18.0	24.0	27.0	33.0	24.0	27.0	39.0	23.0	30.0	32.0	40.0	35.0	7.0	29.7
Arrangement of vehicle for transportation	47.0	73.0	59.0	64.0	42.0	35.0	40.0	32.0	46.0	29.0	51.0	73.0	45.0	40.0	70.0	54.0	37.0	56.0	50.1

Key Indicators (%)	Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
Identification of Hospital for delivery	67.0	66.0	65.0	62.0	66.0	46.0	55.0	48.0	53.0	55.0	60.0	70.0	57.0	52.0	74.0	67.7	48.0	21.0	58.4
Identification of trained health worker	48.0	64.0	47.0	56.0	56.0	42.0	58.0	57.0	45.0	42.0	56.0	81.0	59.0	51.0	78.0	59.0	27.0	56.0	55.0
No Knowledge	12.0	3.0	8.0	1.0	6.0	7.0	8.0	6.0	15.0	15.0	1.0	6.0	4.0	8.0	4.0	9.3	17.0	1.0	7.5
Knowledge on Antenatal , Natal and Post Natal Care																			
Correct knowledge about ANC registration months of pregnant women	39.0	50.0	31.0	43.0	50.0	44.0	35.0	38.0	23.0	38.0	43.0	40.0	39.0	40.0	25.0	32.3	21.0	27.0	36.2
Correct knowledge about first Antenatal Care month of pregnant women (First Trimester)	37.0	32.0	24.0	25.0	47.0	36.0	39.0	30.0	25.0	25.0	28.0	49.0	38.0	40.0	17.0	32.0	30.0	50.0	33.4
Correct knowledge about number of antenatal check-up required during pregnancy	23.0	28.0	24.0	26.0	19.0	25.0	22.0	27.0	14.0	23.0	30.0	22.0	25.0	21.0	11.0	10.0	13.0	38.0	21.1
Correct knowledge about TT injection during pregnancy	70.0	80.0	63.0	80.0	72.0	71.0	61.0	60.0	44.0	73.0	69.0	76.0	74.0	74.0	49.0	50.3	58.0	67.0	64.6
Correct Knowledge about number of TT injection to pregnant women during pregnancy (At least 2 TT Injection)	20.0	36.0	21.0	23.0	28.0	22.0	20.0	29.0	13.0	20.0	40.0	13.0	24.0	25.0	7.0	13.7	22.0	6.0	20.5
Correct knowledge about Interval between 1st and 2nd TT injection to pregnant women (One month)	7.0	13.0	22.0	16.0	17.0	15.0	7.0	8.0	9.0	11.0	15.0	12.0	15.0	19.0	3.0	9.0	12.0	4.0	11.6
Correct Knowledge about the importance of Iron tablet during pregnancy (Yes)	76.0	86.0	79.0	95.0	89.0	72.0	79.0	86.0	54.0	78.0	89.0	86.0	80.0	84.0	79.0	68.3	57.0	88.0	78.1
Correct Knowledge about the number of IFA tablet should pregnant woman consume during pregnancy (100 or more)	23.0	27.0	15.0	26.0	23.0	5.0	21.0	27.0	7.0	9.0	22.0	22.0	18.0	21.0	19.0	17.7	7.0	4.0	17.5

Key Indicators (%)	Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
Correct knowledge that new born should be breastfeed within one hour of birth	52.0	53.0	31.0	42.0	58.0	23.0	55.0	41.0	28.0	29.0	57.0	31.0	45.0	51.0	45.0	47.0	29.0	57.0	43.4
Correct knowledge that children to be given ORS during diarrhea	60.0	61.0	58.0	79.0	60.0	59.0	68.0	80.0	60.0	59.0	38.0	75.0	62.0	58.0	82.0	62.3	43.0	40.0	61.5
Knowledge about Vaccination of new born baby to prevent them from various disease	92.0	99.0	96.0	100.0	95.0	92.0	96.0	92.0	87.0	93.0	97.0	97.0	97.0	91.0	99.0	89.3	88.0	92.0	93.6
Correct knowledge about reason for giving vitamin A to children	22.0	32.0	38.0	38.0	30.0	38.0	36.0	31.0	35.0	34.0	27.0	16.0	18.0	37.0	28.0	46.3	35.0	3.0	31.9
Knowledge about Family Planning Method																			
Temporary Method																			
Condoms	63.0	69.0	51.0	75.0	58.0	53.0	67.0	65.0	60.0	47.0	46.0	84.0	63.0	64.0	72.0	59.7	40.0	50.0	60.3
Contraceptive Pill	53.0	62.0	46.0	54.0	47.0	25.0	37.0	36.0	33.0	31.0	39.0	65.0	44.0	42.0	50.0	38.0	23.0	20.0	41.1
Quarterly Contraceptive Injection (Antara)	39.0	51.0	32.0	25.0	36.0	17.0	27.0	29.0	21.0	18.0	33.0	61.0	31.0	23.0	33.0	32.0	21.0	38.0	31.6
Intrauterine device (IUD)	32.0	44.0	24.0	40.0	32.0	13.0	15.0	32.0	30.0	23.0	27.0	49.0	25.0	28.0	45.0	34.0	8.0	32.0	30.1
Permanent Method																			
Male Sterilization	56.0	63.0	54.0	68.0	59.0	49.0	53.0	57.0	51.0	46.0	51.0	80.0	59.0	46.0	67.0	48.3	37.0	53.0	54.7
Female Sterilization	54.0	74.0	47.0	60.0	49.0	57.0	44.0	52.0	34.0	47.0	46.0	74.0	53.0	49.0	60.0	42.3	24.0	52.0	50.2
Quarterly Contraceptive Injection (Antara)	25.0	37.0	35.0	27.0	24.0	11.0	17.0	22.0	16.0	13.0	23.0	11.0	20.0	19.0	14.0	25.3	20.0	19.0	21.5
Aware about the appropriate time of sterilization for a couple (after two child)	76.0	77.0	71.0	80.0	73.0	62.0	77.0	79.0	60.0	72.0	78.0	77.0	69.0	76.0	69.0	67.7	64.0	75.0	71.9
Correct knowledge about the gaps between two children	78.0	69.0	60.0	80.0	79.0	64.0	80.0	82.0	72.0	85.0	68.0	72.0	71.0	73.0	73.0	73.0	68.0	64.0	72.9
Accessibility to take help in sexual and reproductive health related queries																			
Parents	43.0	57.0	53.0	52.0	59.0	61.0	47.0	55.0	51.0	54.0	67.0	78.0	55.0	61.0	60.0	63.7	55.0	75.0	58.7

Key Indicators (%)		Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
	Friend	32.0	38.0	35.0	45.0	30.0	15.0	28.0	25.0	25.0	15.0	18.0	30.0	19.0	25.0	37.0	28.0	18.0	40.0	29.1
	Doctor	46.0	62.0	56.0	43.0	55.0	52.0	44.0	55.0	35.0	54.0	54.0	65.0	58.0	50.0	44.0	42.7	30.0	71.0	51.4
	RMPs	1.0	4.0	11.0	2.0	0.0	2.0	1.0	4.0	5.0	2.0	1.0	0.0	4.0	1.0	0.0	2.7	7.0	3.0	2.8
	Medical Store	13.0	15.0	20.0	18.0	5.0	8.0	7.0	4.0	8.0	3.0	15.0	6.0	10.0	9.0	9.0	9.0	11.0	8.0	9.8
	Can't say	10.0	3.0	9.0	7.0	10.0	10.0	10.0	7.0	16.0	14.0	5.0	10.0	6.0	7.0	16.0	13.0	17.0	1.0	9.9
Substance abuse																				
Main reason for initiating /trying drugs during adolescence																				
	To try one time in life	47.0	49.0	56.0	41.0	56.0	32.0	34.0	44.0	44.0	51.0	45.0	69.0	42.0	40.0	54.0	49.3	37.0	46.0	46.8
	Misconception of relief from mental problem	53.0	59.0	42.0	65.0	40.0	42.0	43.0	26.0	45.0	42.0	51.0	81.0	48.0	55.0	66.0	47.3	25.0	55.0	49.0
	To get rid from loneliness	35.0	37.0	43.0	32.0	23.0	11.0	15.0	15.0	25.0	19.0	21.0	51.0	30.0	25.0	34.0	29.7	9.0	26.0	27.0
	Pressure from classmates and friends	51.0	62.0	35.0	44.0	38.0	27.0	33.0	36.0	38.0	31.0	31.0	63.0	40.0	32.0	59.0	50.7	30.0	35.0	41.9
	Don't know	9.0	6.0	8.0	7.0	7.0	12.0	17.0	12.0	8.0	12.0	8.0	6.0	7.0	10.0	6.0	11.3	29.0	1.0	10.0
Gender Perception																				
	Adolescent boys should also do the household chores	93.0	90.0	89.0	95.0	92.0	75.0	93.0	94.0	89.0	95.0	83.0	99.0	86.0	92.0	96.0	90.3	90.0	84.0	90.3
	Girls should get equal treatment like boys in terms of food, education, sports and love	97.0	98.0	99.0	100.0	98.0	98.0	99.0	98.0	98.0	96.0	98.0	100.0	98.0	99.0	99.0	98.3	99.0	97.0	98.3
Gender Discrimination																				
	Mother get nutritious food, rest and family support after birth of baby boy only	40.0	23.0	48.0	31.0	26.0	50.0	28.0	41.0	34.0	33.0	35.0	23.0	36.0	25.0	12.0	26.7	32.0	6.0	30.2
	Women receive respect only when baby boys born and in case of daughter, she is abused	35.0	28.0	45.0	36.0	33.0	50.0	32.0	36.0	32.0	42.0	42.0	21.0	34.0	29.0	19.0	32.0	29.0	15.0	32.7
	Only son get good and delicious food and girls get the remaining food	15.0	8.0	17.0	12.0	7.0	21.0	4.0	13.0	7.0	19.0	4.0	10.0	11.0	7.0	5.0	10.7	8.0	9.0	10.5

Key Indicators (%)	Bareilly	Mirzapur	Moradabad	Saharanpur	Faizabad	Azamgarh	Allahabad	Jhansi	Agra	Aligarh	Basti	Meerut	Banda	Gorakhpur	Varanasi	Lucknow	Kanpur	Gonda	Total
Fertility related matter is only women's concern	17.0	10.0	31.0	7.0	18.0	18.0	14.0	14.0	13.0	21.0	24.0	12.0	18.0	30.0	10.0	8.7	14.0	13.0	15.5
Legal Issues																			
Correct knowledge about the age of having first baby (21-22 Years)	64.0	60.0	57.0	70.0	65.0	67.0	69.0	64.0	77.0	66.0	67.0	82.0	61.0	68.0	68.0	68.7	75.0	71.0	67.9
Correct Knowledge about the legal age of boy's marriage	81.0	77.0	74.0	85.0	72.0	72.0	80.0	78.0	77.0	70.0	52.0	89.0	75.0	81.0	91.0	80.3	73.0	56.0	76.3
Correct knowledge about the legal age of girl's marriage	90.0	83.0	81.0	90.0	76.0	79.0	78.0	84.0	80.0	85.0	76.0	90.0	84.0	86.0	92.0	85.7	80.0	79.0	83.6
Respondent not aware about number of years of punishment for Rape convict	78.0	70.0	78.0	75.0	67.0	79.0	66.0	61.0	72.0	69.0	78.0	75.0	75.0	70.0	79.0	65.7	78.0	79.0	72.3
Main Culprit of dowry system																			
Family who are giving dowry	29.0	45.0	41.0	32.0	34.0	18.0	20.0	24.0	33.0	22.0	20.0	71.0	33.0	26.0	62.0	42.0	16.0	27.0	34.0
Family who are taking dowry	27.0	45.0	51.0	33.0	37.0	28.0	19.0	27.0	34.0	22.0	28.0	78.0	36.0	24.0	61.0	41.7	26.0	29.0	36.5
Helping family in giving or taking dowry	60.0	72.0	57.0	63.0	42.0	43.0	51.0	55.0	50.0	59.0	37.0	60.0	48.0	44.0	57.0	59.7	36.0	35.0	52.4
Those who demand for dowry	48.0	64.0	71.0	46.0	46.0	35.0	44.0	25.0	38.0	27.0	52.0	80.0	36.0	41.0	41.0	49.0	40.0	58.0	47.0
those who promoting dowry	28.0	35.0	23.0	20.0	24.0	13.0	17.0	16.0	29.0	8.0	31.0	38.0	25.0	25.0	26.0	24.3	18.0	22.0	23.6
Don't know/Can't say	6.0	0.0	5.0	0.0	3.0	5.0	4.0	7.0	5.0	4.0	4.0	2.0	2.0	5.0	3.0	3.0	13.0	1.0	3.9
Aware that death in dowry is punishable offence	91.0	95.0	90.0	93.0	86.0	87.0	83.0	91.0	84.0	93.0	93.0	94.0	96.0	90.0	92.0	91.0	79.0	100.0	90.5
Aware that violence against women is crime	90.0	96.0	97.0	97.0	92.0	85.0	94.0	90.0	90.0	93.0	88.0	100.0	94.0	93.0	95.0	92.0	80.0	94.0	90.2
Aware that abortion is legal offence	88.0	86.0	81.0	82.0	86.0	73.0	89.0	89.0	84.0	83.0	77.0	96.0	82.0	80.0	86.0	90.3	84.0	79.0	84.8

1. Introduction

1.1 Background and Context

Adolescent and youth is a crucial phase in human life as it is a transition to adulthood and is generally characterized as a period of high development of intellectual, physical, social and emotional capabilities. This younger lot often termed interchangeably as the adolescents, young and young adults has multiple definitions worldwide. The United Nations and in turn the World Health Organization (WHO), considers the “adolescents” to be the population in the age group of 10-19 years and the “youth” to be the population in age group of 15-24 years. These two groups have an overlapping age category of 15-19 years and both groups taken together they are referred to as “young people” encompassing the ages 10-24 years.

The young population forms the precious resources of any nation as they are the nation’s future identity. It is highly important to prepare the young people by providing quality education, skills, health and meeting gender gaps that can aid them in meeting the needs of the present globalizing world. Therefore, investing in them can leverage the demographic and economic dividends for the growth of a nation. The United Nations Population Fund (UNFPA) places importance on a holistic development of young people which requires planned inter-sectoral investments. Designing a Framework for Action on Adolescents and Youth, it adopts four keys to development of youth that includes – (1) Supportive policy making taking into consideration the population structure and poverty dynamics; (2) Gender sensitive, life skills-based sexual and reproductive health education; (3) sexual and reproductive health services and; (4) Bringing in young people’s leadership and participation. In addition, there is a dire need for ensuring that guidelines in policy and the programmes planned for them do reach them and be expanded to the emerging needs.

Adolescent and youth are presumed to be apparently a very healthy age group of population. However, they are in a highly vulnerable phase as they are more prone to the influence of a combination of both intrinsic and extrinsic factors that encompass them which interferes with their health and safety. Young people and their lifestyle is the platform for a healthy and productive adulthood. An added fact is that the underlying cause for most of the disease burden in adults has a direct association with the conditions or behaviours or practices initiated in their youth like tobacco use, substance use, physical inactivity, high risk sexual behaviours, psychological issues, injury and violence etc. Thus, the youth being in a developmental phase, their behavioural patterns and attitudes determines their health status and their health needs today and also the likelihood of developing chronic and lifestyle diseases in the later years.

The Context: The population structure in the country is passing through the demographic transition. It is moving from the middle transitional stage to the late transitional stage where there will be a continuing decline in birth rates and slowdown in the fall in death rates. These shifts in the age structure in India highlights the demographic dividend in the country. Of the 1210 million population in the country (Census, 2011), the population aged 10-24 years forms about 373 million which accounts for nearly 30% indicating there is huge potential of the adolescent and youth population that can be utilized for the economic growth of the country.

Recognizing their need, there were several initiatives in the country to address the healthcare needs of the adolescents including the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – the SABLA Programme in 2011, the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014 and the Adolescent Reproductive and Sexual Health (ARSH) Programme under National Health Mission. However, attention on health needs of the youth was limited. The Ministry of Youth and Sports is responsible for the development of education, volunteering and housing of the youth. Though the National Youth Policies of 2003 and 2014 have had health as a priority area of intervention, not much has been done or achieved in addressing their health needs. For the development of youth, planned inter-sectoral focus and investments are crucial as reiterated by the UNFPA.

The Concern in the State: The state of Uttar Pradesh has a history of constantly being the most populous states in the country and continues to experience the population pressures until now. As per the Census statistics, the total population in the state was 199.5 million which grew at a CAGR of 1.5% from 1951-61, at 1.8% in the 1961-71 decade and constantly grew at 2.3% during 1971-2001 period. During 2001-11 the population in the State grew at 1.9%. Undoubtedly, the State also has one of the highest Total Fertility Rates (TFR) in India at 2.7 (NFHS-4).

Given the high population pressures in the State, it is obvious that the State also ranks first in terms of adolescent and youth population in the country. Therefore, to reap optimum economic benefits from the huge demographic dividend in the State, specialized focus on development of the youth (including adolescents) through a holistic approach is of utmost important.

1.2 Present Trends & Issues

The adolescent population in Uttar Pradesh stood at 48.9 million and that of youth population was 40.6 million as per Census 2011. This formed about 19.3% of the total adolescent population and 17.5% of the total youth in the country which was exceptionally higher as compared to other States. Bihar stood the second highest State in adolescent and youth population but had only half the population of that in Uttar Pradesh. This was followed by Maharashtra, West Bengal and Andhra Pradesh which were among the top 5 States having high adolescent and youth populations (Table 1.1).

Table 1.1: Adolescent and Youth Population in Top 5 States (in Million)

Rank	States	Adolescent Population	% to Total Population	States	Youth Population	% to Total Population
	INDIA	253.2	100	INDIA	231.9	100
1	Uttar Pradesh	48.9	19.3	Uttar Pradesh	40.6	17.5
2	Bihar	23.3	9.2	Maharashtra	21.7	9.4
3	Maharashtra	21.3	8.4	West Bengal	17.8	7.7
4	West Bengal	18.2	7.2	Bihar	17.5	7.6
5	Andhra Pradesh	16.2	6.4	Andhra Pradesh	16.2	7.0

The age group of 10-24 years forms the highly energetic and active population group who are in peak of developing their intellectual, social, emotional and physical behaviours and capabilities. However, they are in a transient phase of life of moving into adulthood and

therefore encounter several public health and social behaviours and problems that sprout up during these years. Most of these issues are linked with social determinants and lifestyles that interact with complex environments and the surrounding influences in particular, makes them vulnerable to several preventable and treatable health problems. These problems that arise mainly from the personal choices made, the environmental influences and lifestyle changes if left unattended increases the risk of developing some chronic diseases in later years of life. Some of the health issues faced by the young population include mental health problems, malnutrition and obesity, substance abuse, early pregnancy and childbirth, HIV/sexually transmitted diseases (STI) and other infectious diseases, violence and unintentional injuries.

The health issues being grave in this age group and the impact it creates on India's future health indicators of overall health, morbidity, mortality and population growth calls for investments in the adolescent health which could help realize the demographic dividends.

1.3 Study Rationale/Need for the Study

As children grow up and move into adolescence and adulthood/youth they need to acquire a combination of knowledge, skills, attitudes, and behaviours that enable them to efficiently handle themselves and successfully interact with other people and the environment. Investing in younger generation improves the economic and demographic dividends.

Uttar Pradesh having the highest population of youth and adolescents is more prone to health issues like adolescent pregnancy, unsafe abortions, reproductive tract infections, sexually transmitted diseases, HIV, substance abuse, malnutrition, obesity and the like. The state also lags behind in other health and educational indicators that there is lack of knowledge about the various health issues among the youth and there is need for specific targeted interventions in the state for youth. This has been recently confirmed by the findings of the study undertaken in Uttar Pradesh by Population Council. The study reiterated the fact that there was limited awareness about sexual and reproductive matters among the youth like the knowledge of pregnancy, contraception, HIV, safe sex practices and maternal and newborn care practices. Even among those who were aware of these matters, there were only small proportions among them that possessed correct knowledge. The study indicated that it is critical to address the adolescent and youth issues that influence their health outcomes and overall well-being through handy methods like counseling which can play a key role in increasing awareness, dispelling myths and misconceptions and promote good health and well-being of the youth and adolescents.

In this light, SIFPSA intends to build the leadership qualities and confidence among the youth by intervening through the National Services Scheme (NSS) programme which has about 3.2 million student volunteers on roll all over the country. SIFPSA has targeted a project for the youth to be implemented in 40-degree colleges across all 18 divisions of Uttar Pradesh. This includes 34 Degree Colleges from the divisional districts and 6 Degree Colleges from Lucknow. The project aims to establish Youth-friendly Counseling Centres in these colleges for addressing youth health needs and increase the accessibility of government health services, especially the services of Adolescent-friendly Health Services (AFHS) clinic, by the youth. This organized group would be made aware of health issues involving sexual and reproductive health, negotiating skills, nutrition, non-communicable diseases, substance abuse, violence and gender discrimination, planned parenthood, legal issues etc. Such an

initiative may increase the awareness and capacity of the youth to make informed decisions, reduce risk-seeking behavior, adopt positive health behaviours and practice responsible parenthood.

A baseline was planned by SIFPSA to understand the knowledge, attitudes, behaviours and practices of the students on various aspects like sexual and reproductive health, negotiating skills, nutrition, non-communicable diseases, substance abuse, violence and gender discrimination, planned parenthood and legal issues. Accordingly, Sirtazi Support Foundation has provided its services to undertake this task of assessing the KABP among youth in the degree colleges of Uttar Pradesh that run the NSS programme. The detailed study objectives, the methodology used for assessing the KABP of the youth and the findings of the study are presented in the subsequent sections of the report.

2. Objectives and Study Methodology

2.1 Objectives of the Study

The main objective of the baseline study was to assess the present status of the NSS youth in terms of their knowledge, attitudes, behaviours and practices regarding health and nutrition across the selected degree colleges of Uttar Pradesh that has the NSS programme.

The specific objectives of the study included:

Assessment of the current status of the NSS youth in terms of their Knowledge, Attitude, Behavior and Practice (KABP) towards health issues involving sexual and reproductive health, nutrition, non-communicable diseases etc. across selected colleges.

Gap analysis to facilitate the plan to impart awareness regarding health issues, substance abuse, violence and gender discrimination, Planned Parenthood, negotiation skills, legal issues etc. among youth

2.2 Study Approach and Methodology

The baseline assessment study of the KABP of youth on health issues was conducted across 18 divisional districts of Uttar Pradesh through a quantitative survey. The study involves assessment of NSS youth in 40 degree colleges which comprises of 20 male colleges and 20 female colleges ensuring equal representation of boys and girls in the study.

Study Design and Sampling Methodology

The sample for the baseline study covered all the 18 divisional districts. Two degree colleges each (1 male and 1 female) were selected from 17 divisional districts which forms about 34 Degree Colleges and from Lucknow 06 Degree Colleges (3 male and 3 female) were selected for the study. Hence, a total of 40 Degree Colleges were selected for the study.

Sampling Method

The baseline survey was conducted in the 20 male and 20 female degree colleges selected by SIFPSA. From each college, 50 students studying in first/second year of degree were selected for the study. The sample size was divided according to courses available in the assigned college.

Data Collection

Data was collected through interviews of selected students using a structured questionnaire. The data collection from the respondents were done through paper and pencil (pen) method

(PAPI). Teams consisting of 2 investigators (1 male and 1 female investigator) were deployed for collection of data for the study.

The selection of 50 students from each college was done randomly from different courses available in the selected degree colleges. The sample was further divided by selecting students studying in first and second year of the courses. The list of selected students was prepared and the questionnaire was distributed to the selected students in the classroom by the investigators. The privacy of the respondents were maintained by not mentioning the names of the respondents in the questionnaire.

Data Processing and Analysis

The data entry was done on CSPro 5.0 immediately after the completion of field work and the data has been validated by the Data Analyst. The data was analyzed using SPSS software and frequency tables for specific indicators were generated from the validated datasets. The analytical tables and the gaps identified are presented in sections 3 and 4 of the report.

3. Gender Attitudes and Knowledge of Legal Issues among Youth

This section summarizes the information on the attitudes and perceptions of the youth towards gender/gender discrimination and their awareness of legal issues and offenses were gathered in the study which has been analyzed and the status and gaps are presented in the sub-sections.

3.1 Attitudes of Gender Discrimination

The attitudes of discrimination in terms of gender have long-standing repercussions in the society. In the modern world where consistent efforts are on for demolishing gender stereotypes and promoting meaningful progress of women, it is utmost important to help build ideas of gender equity among the youth. It is these good values that they adopt in their youth that they carry forward to the society to live as responsible citizens in future. An assessment of the level of gender attitudes among the study respondents is presented in Figure 3.1 and Table 3.1.

Figure 3.1: Gender Attitude among Youth/Adolescents

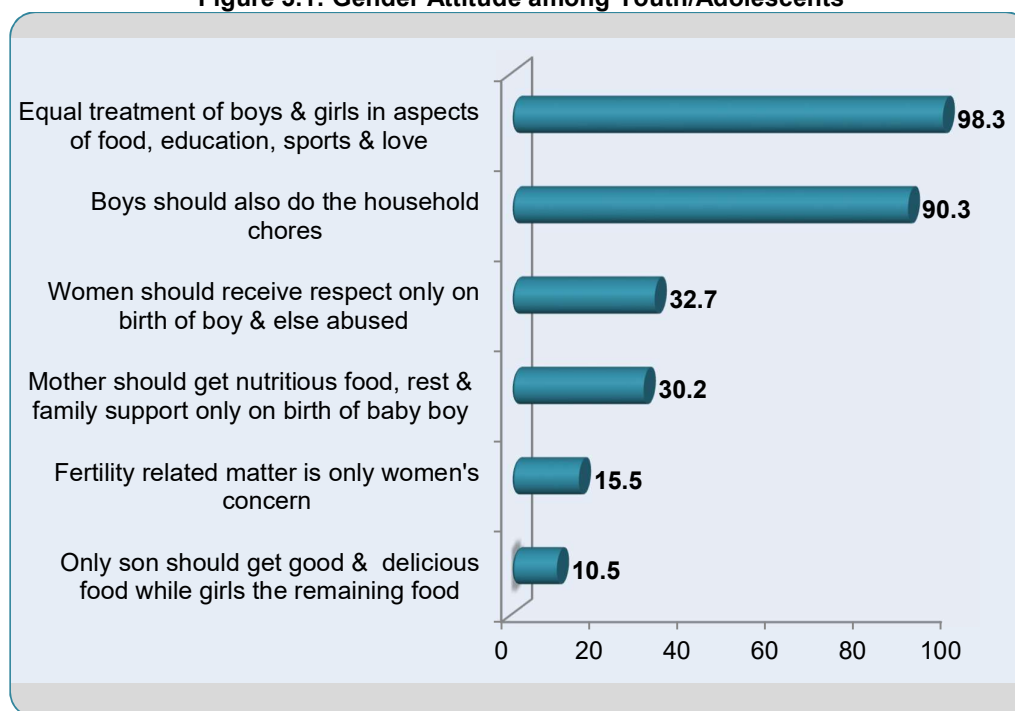


Table 3. 1: Assessment of Gender Attitudes among Youth/Adolescents (%)

District Name	Boys should also do the household chores	Equal treatment of boys & girls in aspects of food, education, sports & love	Women should receive respect only on birth of boy & else abused	Mother should get nutritious food, rest & family support only on birth of baby boy	Only son should get good & delicious food while girls the remaining food	Fertility related matter is only women's concern	Number of respondents
Bareilly	93.0	97.0	35.0	40.0	15.0	17.0	100
Mirzapur	90.0	98.0	28.0	23.0	8.0	10.0	100
Moradabad	89.0	99.0	45.0	48.0	17.0	31.0	100

Saharanpur	95.0	100.0	36.0	31.0	12.0	7.0	100
Faizabad	92.0	98.0	33.0	26.0	7.0	18.0	100
Azamgarh	75.0	98.0	50.0	50.0	21.0	18.0	100
Allahabad	93.0	99.0	32.0	28.0	4.0	14.0	100
Jhansi	94.0	98.0	36.0	41.0	13.0	14.0	100
Agra	89.0	98.0	32.0	34.0	7.0	13.0	100
Aligarh	95.0	96.0	42.0	33.0	19.0	21.0	100
Basti	83.0	98.0	42.0	35.0	4.0	24.0	100
Meerut	99.0	100.0	21.0	23.0	10.0	12.0	100
Banda	86.0	98.0	34.0	36.0	11.0	18.0	100
Gorakhpur	92.0	99.0	29.0	25.0	7.0	30.0	100
Varanasi	96.0	99.0	19.0	12.0	5.0	10.0	100
Lucknow	90.3	98.3	32.0	26.7	10.7	8.7	300
Kanpur	90.0	99.0	29.0	32.0	8.0	14.0	100
Gonda	84.0	97.0	15.0	6.0	9.0	13.0	100
TOTAL	90.3	98.3	32.7	30.2	10.5	15.5	2000

It could be observed from the table that though majority of them felt that boys and girls should be treated equally, there existed gender attitudes among the youth/adolescents. Close to about 98.3% of the young respondents felt that boys and girls should be given equal treatment in aspects of food, education, sports, and love. About 91% also felt that boys should help with household chores.

Negative gender perceptions were also prevalent among the youth. There were slightly above 30% of the respondents who felt that the mothers should be given respect and treated well with nutritious food, rest and family support only on giving birth to a baby boy. And in case of giving birth to a girl they can be abused. A 10% of the respondents felt that boy should be given delicious food and girls should get only the remaining food. There were about 15% of them who also felt that fertility related matters are women's concern. These turn out to be indications of prospective gender stereotyping in the society in the years to come which is a matter of concern and requires appropriate interventions of behavior and attitude changes.

3.2 Knowledge of Legal Issues and Offenses

Youth and adolescents are more susceptible to engage in various criminal offenses due to the enthusiasm and eagerness within and being stumbling unaware of the scope and existence of the offenses, the consequences, and the law. They tend to have extremely limited knowledge of the sentencing ranges and processes of various offenses and are not concerned about how a conviction can manifest itself on their future prospects. They also have very limited understanding of the rights and protection they are entitled to and fail to avail it at instances of an engagement with the authorities.

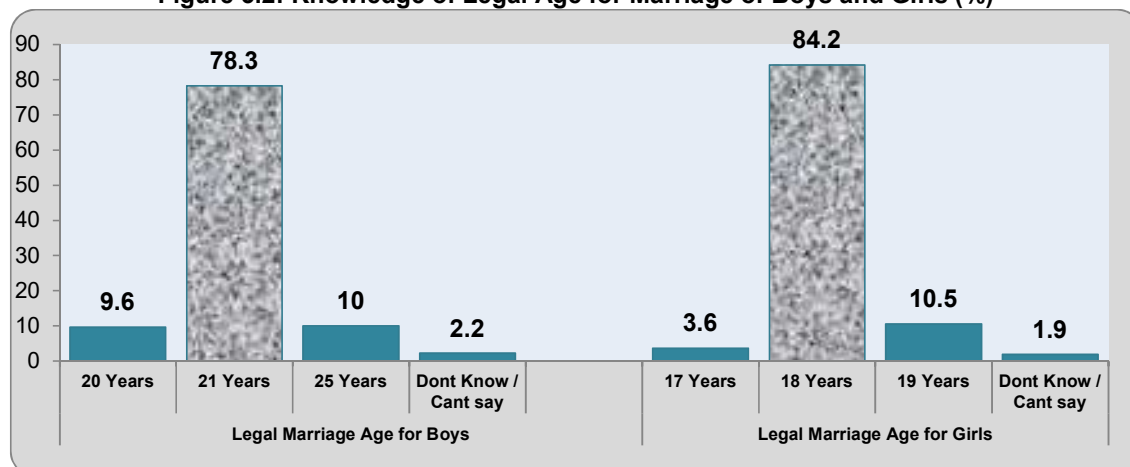
As is well known, child marriage is a legal offense in the country. As per the Child Marriage Prohibition Act of 2006 the legal age for marriage of girls is 18 years and for boys is 21 years and child marriage is a non-bailable and cognizable offense which has rigorous imprisonment of 2 years and a fine of INR 1 lakh. The awareness of the legal age of marriage for boys and

girls among the youth was assessed in the study and the findings presented in Table 3.2 and Figure 3.2.

Table 3.2: Knowledge of Legal Age for Marriage for Boys and Girls among Youth/Adolescents (%)

District Name	Legal Marriage Age for Boys				Legal Marriage Age for Girls			
	20 Years	21 Years	25 Years	Dont Know / Cant say	17 Years	18 Years	19 Years	Dont Know / Cant say
Bareilly	9.0	81.0	8.0	2.0	1.0	90.0	6.0	3.0
Mirzapur	7.0	77.0	15.0	1.0	4.0	83.0	12.0	1.0
Moradabad	13.0	74.0	12.0	1.0	3.0	81.0	14.0	2.0
Saharanpur	8.0	85.0	5.0	2.0	5.0	90.0	4.0	1.0
Faizabad	10.0	72.0	17.0	1.0	6.0	76.0	16.0	2.0
Azamgarh	7.0	72.0	18.0	3.0	1.0	79.0	17.0	3.0
Allahabad	8.0	80.0	8.0	4.0	6.0	78.0	13.0	3.0
Jhansi	10.0	78.0	12.0	0.0	6.0	84.0	10.0	0.0
Agra	10.0	77.0	5.0	8.0	4.0	80.0	13.0	3.0
Aligarh	16.0	70.0	14.0	0.0	3.0	85.0	12.0	0.0
Basti	26.0	52.0	21.0	1.0	6.0	76.0	16.0	2.0
Meerut	6.0	89.0	1.0	4.0	3.0	90.0	3.0	4.0
Banda	13.0	75.0	11.0	1.0	4.0	84.0	11.0	1.0
Gorakhpur	9.0	81.0	9.0	1.0	4.0	86.0	8.0	2.0
Varanasi	3.0	91.0	4.0	2.0	1.0	92.0	5.0	2.0
Lucknow	7.3	80.3	9.0	3.3	2.3	85.7	10.0	2.0
Kanpur	14.0	73.0	10.0	3.0	2.0	80.0	16.0	2.0
Gonda	1.0	97.0	2.0	0.0	5.0	92.0	3.0	0.0
TOTAL	9.6	78.3	10.0	2.2	3.6	84.2	10.5	1.9

Figure 3.2: Knowledge of Legal Age for Marriage of Boys and Girls (%)



It could be observed from Figure 3.2 that the correct knowledge of the legal age for marriage of boys was known to only about 78.3% of the respondents. Whereas, the correct knowledge of the legal age for marriage of girls was known to about 84.2% of the respondents. A comparison of the knowledge levels across the districts in Table 3.2 show that knowledge of

legal marriageable age was known to above 90% of the youth in Gonda, Varanasi, Meerut districts and above 85% in the districts Saharanpur and Bareilly. However, this knowledge was poor among youth in Faziabad, Azamgarh, Allahabad, Kanpur and especially the Basti district where the knowledge levels were very poor.

Being unaware of the law, child or early marriages result in early child bearing. However, though teenage is the most fertile period of a woman's life and biologically the best age to get pregnant, there is potential danger associated with it since it is only the woman's body that is ready and not the rest of her. Teenage pregnancies are high risk pregnancies as it is more prone to medical complications like anemia, hypertension, hemorrhage, and unsafe abortions which are coupled with malnutrition, sexually transmitted diseases, cervical cancers and psychological issues. Maternal malnourishment has a direct impact on the child that could result in intergenerational malnutrition especially irreversible stunting. This could have still severe impacts in the form of poor health and productivity indicators of the nation.

The country has highest rates of early marriage to an extent that one-third of young women are married before their 18th birthday (NFHS-4). This adds to about 27% of girls being married before their legal age for marriage. In Uttar Pradesh, a comparison of the NFHS-3 and NFHS-4 data shows that the proportion of 15-19 years women who were mothers had drastically reduced from 14.3% to 3.8%. Yet, it is necessary to build the knowledge of the youth and adolescents for a better healthy society in future. The awareness of youth on these aspects were captured in the study and the status is presented in Table 3.3.

Table 3.3: Knowledge of Age at First Childbirth and the Spacing between Consecutive Births among Youth/Adolescents (%)

District Name	Age at First Childbirth				Years between Two Consecutive Births			
	17-18 Years	19-20 Years	21-22 Years	Dont Know / Cant say	One Year	Two Year	Three Year	Dont Know / Cant say
Bareilly	5.0	27.0	64.0	4.0	0.0	20.0	78.0	2.0
Mirzapur	5.0	30.0	60.0	5.0	3.0	25.0	69.0	3.0
Moradabad	7.0	29.0	57.0	7.0	1.0	32.0	60.0	7.0
Saharanpur	0.0	25.0	70.0	5.0	3.0	16.0	80.0	1.0
Faizabad	3.0	25.0	65.0	7.0	1.0	15.0	79.0	5.0
Azamgarh	6.0	18.0	67.0	9.0	9.0	18.0	64.0	9.0
Allahabad	3.0	15.0	69.0	13.0	3.0	12.0	80.0	5.0
Jhansi	5.0	27.0	64.0	4.0	1.0	13.0	82.0	4.0
Agra	3.0	12.0	77.0	8.0	4.0	16.0	72.0	8.0
Aligarh	7.0	19.0	66.0	8.0	0.0	12.0	85.0	3.0
Basti	1.0	25.0	67.0	7.0	6.0	18.0	68.0	8.0
Meerut	1.0	15.0	82.0	2.0	1.0	22.0	72.0	5.0
Banda	4.0	28.0	61.0	7.0	4.0	22.0	71.0	3.0
Gorakhpur	1.0	29.0	68.0	2.0	7.0	18.0	73.0	2.0
Varanasi	0.0	12.0	68.0	20.0	0.0	21.0	73.0	6.0
Lucknow	3.0	14.3	68.7	14.0	3.3	13.7	73.0	10.0
Kanpur	1.0	13.0	75.0	11.0	4.0	20.0	68.0	8.0
Gonda	1.0	19.0	80.0	0.0	1.0	24.0	89.0	0.0
TOTAL	3.1	20.5	68.3	8.1	2.9	18.3	73.4	5.5

Analysis of the information gathered from the respondents reveal that most of them were aware of delayed childbirth (68%) and also the spacing required between the first and the second child (73.4%). Yet, there were about 20% of youth who felt that it was correct to have a child when they were below 20 years of age. This group was found to be highest in Moradabad, Mirzapur, Jhansi, Banda and Gorakhpur districts. The knowledge on appropriate spacing between first and second child was poor among respondents in Azamgarh, Basti and Gorakhpur districts.

The study also assessed the awareness of various legal offenses among the youth in the state. The analysis of the awareness levels of youth of the various legal offenses is presented in table 3.4. On the whole, majority of the study respondents were aware of the different types of legal offenses like dowry harassment, sexual violence on women and forcing for abortion. Above 90% of the youth/adolescents were aware that dowry harassment (90.2%) and assault on women (92.0%) is a crime and is an illegal act. But, in case of forced abortion only 84.8% were aware that it was a crime and there remained 15% of them who did not know that abortion was a legal offense.

The laws for punishing the rape convicts were tightened recently in the country. The study found that there was lack of correct knowledge of the punishment of rape convict among the study respondents. About 25% of the respondents did not even know the punishment for a rape convict. However, most of the respondents, which is about 28.5% of them, felt that the punishment for rape was 7 years, a 17.7% stated as 10 years and 27.9% stated 14 years.

Table 3.4: Awareness of Various Legal Offenses and the Punishment for Rape

District Name	Dowry Harassment			Assault on Women			Forcing for Abortion			Punishment for Rape Convict			
	Yes	No	Don't Know / Can't say	Yes	No	Don't Know / Can't say	Yes	No	Don't Know / Can't say	7 Years	10 Years	14 Years	Don't Know / Can't say
Bareilly	91.0	5.0	4.0	90.0	4.0	6.0	88.0	7.0	5.0	27.0	25.0	22.0	26.0
Mirzapur	95.0	4.0	1.0	96.0	2.0	2.0	86.0	14.0	0.0	40.0	16.0	30.0	14.0
Moradabad	90.0	8.0	2.0	97.0	1.0	2.0	81.0	14.0	5.0	33.0	21.0	22.0	24.0
Saharanpur	93.0	4.0	3.0	97.0	2.0	1.0	82.0	14.0	4.0	33.0	24.0	25.0	18.0
Faizabad	86.0	10.0	4.0	92.0	5.0	3.0	86.0	10.0	4.0	36.0	10.0	33.0	21.0
Azamgarh	87.0	6.0	7.0	85.0	10.0	5.0	73.0	24.0	3.0	29.0	18.0	21.0	32.0
Allahabad	83.0	6.0	11.0	94.0	3.0	3.0	89.0	6.0	5.0	29.0	4.0	34.0	33.0
Jhansi	91.0	5.0	4.0	90.0	4.0	6.0	89.0	9.0	2.0	26.0	11.0	39.0	24.0
Agra	84.0	7.0	9.0	90.0	5.0	5.0	84.0	10.0	6.0	25.0	19.0	28.0	28.0
Aligarh	93.0	4.0	3.0	93.0	4.0	3.0	83.0	11.0	6.0	35.0	19.0	31.0	15.0
Basti	93.0	4.0	3.0	88.0	9.0	3.0	77.0	19.0	4.0	30.0	25.0	22.0	23.0
Meerut	94.0	5.0	1.0	100.0	0.0	0.0	96.0	4.0	0.0	27.0	31.0	25.0	17.0
Banda	96.0	4.0	0.0	94.0	3.0	3.0	82.0	17.0	1.0	37.0	24.0	25.0	14.0
Gorakhpur	90.0	5.0	5.0	93.0	5.0	2.0	80.0	15.0	5.0	24.0	23.0	30.0	23.0
Varanasi	92.0	3.0	5.0	95.0	2.0	3.0	86.0	8.0	6.0	17.0	11.0	21.0	51.0
Lucknow	91.0	3.3	5.7	92.0	2.3	5.7	90.3	6.0	3.7	19.7	13.7	34.3	32.3
Kanpur	79.0	9.0	12.0	80.0	3.0	17.0	84.0	7.0	9.0	28.0	15.0	22.0	35.0
Gonda	94.0	0.0	6.0	89.0	0.0	11.0	79.0	0.0	21.0	36.0	16.0	24.0	24.0
TOTAL	90.2	5.0	4.9	92.0	3.5	4.5	84.8	10.4	4.9	28.5	17.7	27.9	26.0

Attempting to capture the perspectives of the youth on the dowry system practiced in the society, the study gathered opinion of the respondents on whom they accused as the main promoters of the dowry system. In the opinion of the younger lot, those helping families in giving and taking dowry, those demanding dowry and families who are taking dowry were the main culprits with respectively 52.2%, 49% and 40% of them responding so. About 37% of them also blamed the families who are giving dowry as the main culprit in the system. Those promoting dowry were to be accused of according to 23.6% of respondents.

Table 3.5: Youth/Adolescent Opinions on the Main Culprit in Dowry System (%)

District Name	Main Culprit in Dowry System					
	Family who are giving dowry	Family who are taking dowry	Helping family in giving or taking dowry	Those who demand for dowry	Those who promoting dowry	Don't know/Can't say
Bareilly	29.0	27.0	60.0	48.0	28.0	6.0
Mirzapur	45.0	45.0	72.0	64.0	35.0	0.0
Moradabad	41.0	51.0	57.0	71.0	23.0	5.0
Saharanpur	32.0	33.0	63.0	46.0	20.0	0.0
Faizabad	34.0	37.0	42.0	46.0	24.0	3.0
Azamgarh	18.0	28.0	43.0	35.0	13.0	5.0
Allahabad	20.0	19.0	51.0	44.0	17.0	4.0
Jhansi	24.0	27.0	55.0	25.0	16.0	7.0
Agra	33.0	34.0	50.0	38.0	29.0	5.0
Aligarh	22.0	22.0	59.0	27.0	8.0	4.0
Basti	20.0	28.0	37.0	52.0	31.0	4.0
Meerut	71.0	78.0	60.0	80.0	38.0	2.0
Banda	33.0	36.0	48.0	36.0	25.0	2.0
Gorakhpur	26.0	24.0	44.0	41.0	25.0	5.0
Varanasi	62.0	61.0	57.0	41.0	26.0	3.0
Lucknow	42.0	41.7	59.7	49.0	24.3	3.0
Kanpur	16.0	26.0	36.0	40.0	18.0	13.0
Gonda	27.0	29.0	35.0	58.0	22.0	1.0
Total	34.0	36.5	52.4	47.0	23.6	3.9

4. Health-related Knowledge, Attitude, Behaviour and Practices (KABP) of Youth

This section presents the analysis of health-related knowledge, attitude, behavior and practices of the youth. The study captured aspects relating to cleanliness and hygiene, nutrition, sexual and reproductive health, planned parenthood, non-communicable diseases and tendencies of addictions among the youth, the status of which are presented in the sub-sections below.

4.1 Awareness on Cleanliness and Hygiene

Cleanliness and hygiene are vital for maintaining good health and preventing diseases. An addendum to eating healthy food is to partake it in clean and hygienic manner. Assessment of the knowledge of cleanliness and hygiene practices among the youth is presented in Table 4.1.

Table 4.1: Knowledge of Cleanliness and Hygiene Practices among Youth/ Adolescents (%)

District Name	Drinking water should always be kept covered	Wash fruits & vegetables before eating	Wash hands before eating	Number of respondents
Bareilly	100.0	96.0	100.0	100
Mirzapur	98.0	97.0	100.0	100
Moradabad	100.0	96.0	100.0	100
Saharanpur	100.0	98.0	99.0	100
Faizabad	99.0	96.0	99.0	100
Azamgarh	100.0	88.0	96.0	100
Allahabad	98.0	98.0	98.0	100
Jhansi	96.0	98.0	95.0	100
Agra	99.0	93.0	99.0	100
Aligarh	100.0	94.0	100.0	100
Basti	99.0	95.0	99.0	100
Meerut	100.0	98.0	100.0	100
Banda	99.0	97.0	100.0	100
Gorakhpur	97.0	97.0	99.0	100
Varanasi	99.0	97.0	99.0	100
Lucknow	98.3	97.0	99.0	300
Kanpur	98.0	95.0	99.0	100
Gonda	98.0	100.0	99.0	100
TOTAL	98.8	96.2	98.9	2000

Majority of the study respondents were aware of maintaining the safety of drinking water as about 99% of them expressed that drinking water should always be kept covered. An equal proportion of them also felt that hands should be washed before eating food. There were no striking variations among districts in these aspects except in Jhansi where these proportions were slightly lower.

Also, fair proportions of respondents in general felt the need to wash fruits and vegetables before eating. It could be observed from Table 4.1 that above 96% of the respondents stated that fruits and vegetables should be washed before eating.

4.2 Nutrition

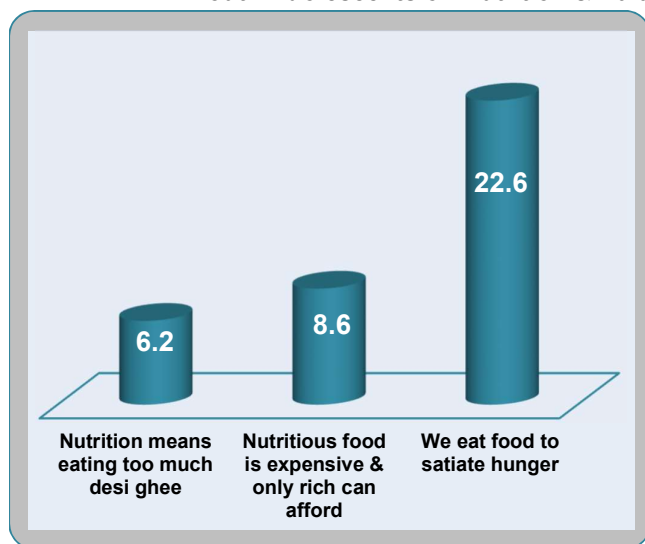
Healthy eating habits are essential for staying healthy in the long-run. Though many of the eating habits are inculcated by parents or caretakers right from the childhood, it is during the adolescent and young age that an individual builds his/her eating habits and lifestyle in reality. The decisions at this stage are highly influenced by the peer groups and therefore, it is essential to help them make informed choices. The present study assessed the awareness of the respondents on general health and nutrition aspects such as to assess the knowledge gaps among the youth/adolescents. The respondents' general awareness on the health and nutritional aspects is provided in Table 4.2

Table 4.2: General Awareness on Health and Nutrition among Youth/Adolescents (%)

District Name	Nutrition means eating too much desi ghee	Balanced diet is essential to keep body healthy and strong	Nutritious food is expensive & only rich can afford	We eat food to satiate hunger	Number of respondents
Bareilly	4.0	95.0	8.0	14.0	100
Mirzapur	5.0	92.0	6.0	21.0	100
Moradabad	19.0	94.0	16.0	46.0	100
Saharanpur	3.0	86.0	5.0	16.0	100
Faizabad	6.0	96.0	8.0	22.0	100
Azamgarh	10.0	88.0	15.0	32.0	100
Allahabad	2.0	88.0	7.0	29.0	100
Jhansi	11.0	91.0	15.0	35.0	100
Agra	5.0	81.0	6.0	26.0	100
Aligarh	12.0	96.0	5.0	31.0	100
Basti	7.0	94.0	15.0	23.0	100
Meerut	2.0	99.0	4.0	18.0	100
Banda	6.0	97.0	5.0	21.0	100
Gorakhpur	2.0	86.0	4.0	10.0	100
Varanasi	0.0	90.0	6.0	15.0	100
Lucknow	4.3	91.3	10.3	20.0	300
Kanpur	3.0	92.0	8.0	20.0	100
Gonda	13.0	97.0	8.0	12.0	100
TOTAL	6.2	91.8	8.6	22.6	2000

It could be observed from above table that among the 2000 youth/adolescents surveyed, about 91.8% of them were aware that a balanced diet is essential to keep body healthy and strong. However, this proportion varied between the districts as about 88% each in Azamgarh and Allahabad districts, an 86% in Saharanpur and only about 81% in Agra were aware about the need for a balanced diet to stay healthy.

Figure 4. 1: Misconceptions among Youth/Adolescents on Nutrition & Balanced Diet (%)



There seemed to exist certain misconceptions of nutrition and balanced diet among few of the respondents. There were about 6.2% of the respondents who felt that merely eating more of ghee is nutritious and this proportion viewed among individual districts was much higher in the Moradabad (19%), Gonda (13%), Aligarh (12%), Jhansi (11%) and Azamgarh (10%). Few (about 8.6%) of the respondents also felt that nutritious food is expensive with more proportions in Moradabad, Azamgarh, Jhansi and Basti.

Eating just to satiate hunger was another prevailing misconception among the youth with about 22% of them and even higher proportions in Moradabad, Jhansi and Azamgarh stating so. Therefore, it could

be observed that though most of the youth were aware of the need for a balanced diet for staying healthy and strong there were misconceptions around the fact.

Youth and adolescence is a period of fast growth that requires right combinations of nutrients in the form of a balanced diet. There is generally seen a surge in appetite with the onset of puberty. The ravenous hunger tends to change the eating habits of children during their adolescent stage. This high appetite tends to wane as the child stops growing and therefore, during middle and late adolescence, children especially girls tend to eat less than boys and seem to be more likely to be deficient in vitamins and minerals. Another factor observed during the adolescence is obesity which is again the end result of the eating habits adopted by them. Therefore, adopting a balanced diet as shown in the food pyramid is most important for a healthy life.



The present study examined the knowledge of young girls and boys of the balanced diet which is a pre-requisite for adopting a healthy lifestyle in future. The analysis of the awareness levels of the balanced diet among youth is shown in table 4.3.

Table 4.3: Knowledge of Balanced Diet among Youth/Adolescents (%)

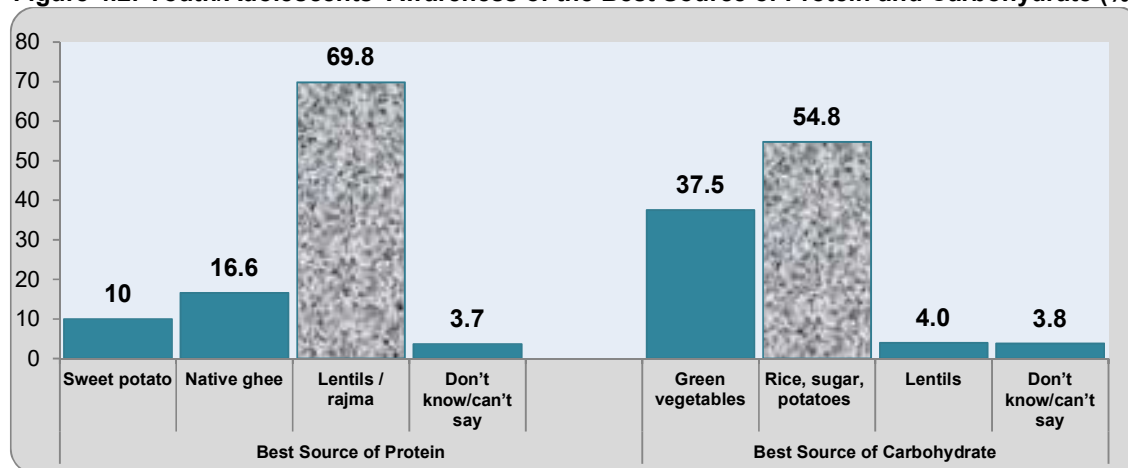
District Name	Dal rice,	Lentils, rice, bread, vegetables	Lentils, bread and vegetables	Lentils, rice, bread, green vegetables,	Chhola pudhi and kheer
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	yogurt, fruits and milk				
Bareilly	3.0	10.0	15.0	72.0	0.0
Mirzapur	1.0	15.0	15.0	69.0	0.0
Moradabad	7.0	14.0	27.0	52.0	0.0
Saharanpur	0.0	9.0	23.0	68.0	0.0
Faizabad	3.0	20.0	18.0	57.0	2.0
Azamgarh	2.0	20.0	11.0	67.0	0.0
Allahabad	1.0	16.0	11.0	71.0	1.0
Jhansi	7.0	14.0	9.0	70.0	0.0
Agra	2.0	14.0	22.0	62.0	0.0
Aligarh	1.0	18.0	21.0	60.0	0.0
Basti	0.0	21.0	11.0	68.0	0.0
Meerut	2.0	6.0	9.0	83.0	0.0
Banda	1.0	8.0	39.0	52.0	0.0
Gorakhpur	0.0	25.0	17.0	58.0	0.0
Varanasi	0.0	9.0	8.0	83.0	0.0
Lucknow	2.3	15.0	13.0	69.7	0.0
Kanpur	5.0	18.0	22.0	55.0	0.0
Gonda	3.0	0.0	2.0	63.0	0.0
Total	2.3	14.1	16.0	66.0	0.2

As indicated by the table, overall only about 66.0% of the youth had correct knowledge that balanced diet is a combination of lentils, rice, bread, green vegetables, yoghurt, fruits and milk which has carbohydrates, proteins, fats, vitamins and minerals. The proportions of youth aware of such balanced diet was much lower in the districts of Moradabad (52%), Banda (52%), Faizabad (57%), Gorakhpur (58%) and Kanpur (55%) while this awareness was good in the districts of Meerut and Varanasi. Proportions as high as 34% of youth that seemed to lack knowledge of balanced diet is an issue of concern and has to be addressed.

Further, an assessment of the knowledge of essential nutrients and its sources among the youth shows that 51.8% of them stated that carbohydrates and fats strengthen the body. About 29.9% stated that milk and curd were essential for strengthening body and about 15.7% stated that fruits were essential for the same.

Figure 4.2: Youth/Adolescents' Awareness of the Best Source of Protein and Carbohydrate (%)



As regarding the source of proteins as shown in Figure 4.2 and Table 4.4, majority of them (69.8%) knew the correct source as they stated that this could be derived by eating more of

lentils/rajma. The knowledge of source of carbohydrates was comparatively lower among the youth with only about 54.8% of them overall having the correct knowledge. The nutrition awareness was quite low in districts like Moradabad, Azamgarh, Aligarh Jhansi and Agra. Whereas, Varanasi and Merut were high flyers in terms of nutrition awareness and its sources.

Table 4.4: Knowledge of Essential Nutrients and their Source

District Name	Nutrients that strengthens body				Best Source of Protein				Best Source of Carbohydrate			
	Carbohydrate, fat	Milk, curd	Fruit	Don't know / can't say	Eating sweet potato	By eating native ghee	By eating lentils / rajma	Don't know / can't say	By eating green sago vegetables	By eating rice, sugar, potatoes	By eating lentils	Don't know / can't say
Bareilly	52.0	34.0	10.0	4.0	6.0	15.0	75.0	4.0	24.0	69.0	3.0	4.0
Mirzapur	57.0	28.0	14.0	1.0	12.0	7.0	75.0	6.0	38.0	60.0	1.0	1.0
Moradabad	50.0	41.0	9.0	0.0	13.0	35.0	47.0	5.0	65.0	25.0	5.0	5.0
Saharanpur	71.0	18.0	11.0	0.0	6.0	15.0	78.0	1.0	43.0	50.0	6.0	1.0
Faizabad	48.0	38.0	12.0	2.0	17.0	13.0	70.0	0.0	33.0	64.0	1.0	2.0
Azamgarh	57.0	24.0	16.0	3.0	21.0	28.0	47.0	4.0	42.0	46.0	4.0	8.0
Allahabad	51.0	27.0	21.0	1.0	10.0	10.0	76.0	4.0	30.0	62.0	3.0	5.0
Jhansi	53.0	25.0	20.0	2.0	7.0	21.0	62.0	10.0	45.0	42.0	10.0	3.0
Agra	37.0	42.0	18.0	3.0	12.0	19.0	62.0	7.0	46.0	42.0	7.0	5.0
Aligarh	43.0	45.0	8.0	4.0	9.0	17.0	69.0	5.0	50.0	38.0	4.0	8.0
Basti	60.0	27.0	12.0	1.0	10.0	20.0	70.0	0.0	45.0	54.0	0.0	1.0
Meerut	54.0	30.0	15.0	1.0	4.0	6.0	86.0	4.0	20.0	73.0	7.0	0.0
Banda	75.0	18.0	7.0	0.0	7.0	9.0	82.0	2.0	31.0	64.0	4.0	1.0
Gorakhpur	46.0	32.0	17.0	5.0	11.0	17.0	70.0	2.0	42.0	49.0	1.0	8.0
Varanasi	57.0	18.0	16.0	9.0	8.0	8.0	82.0	2.0	9.0	85.0	1.0	5.0
Lucknow	37.0	34.7	23.7	4.7	13.0	15.0	68.0	4.0	38.7	53.7	2.7	5.0
Kanpur	48.0	23.0	26.0	3.0	7.0	22.0	67.0	4.0	39.0	50.0	8.0	3.0
Gonda	65.0	23.0	10.0	2.0	0.0	25.0	74.0	1.0	32.0	61.0	6.0	1.0
Total	51.8	29.9	15.7	2.8	10.0	16.6	69.8	3.7	37.5	54.8	4.0	3.8

Figure 4.3: Perceptions on Reason for Requirement of Excess Nutritious Food during Adolescence

Analysis of the perceptions of youth on the reason for excess requirement of nutritious food during adolescence showed that 83.7% of adolescents felt that additional nutrition was required for faster growth. There were 7.0% and 6.0% of them who stated more nutritious food is required as they tend to sleep more and study. There were also 3.3% of the youth who did not know the reason for excess requirement of food during adolescence.

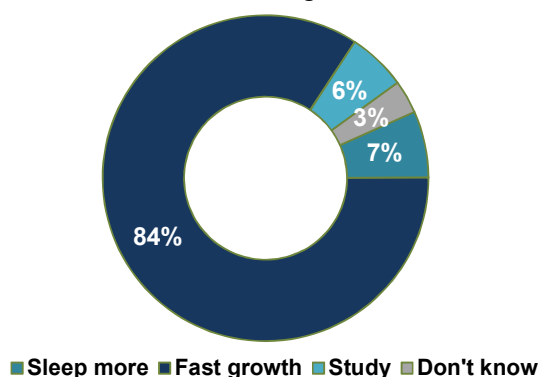


Table 4.5: Youth/Adolescent Perception of Reason for Requirement of Excess Nutritious Food during Adolescence (%)

District Name	Sleep more	Fast growth	Study	Don't know
Bareilly	5.0	80.0	7.0	8.0
Mirzapur	9.0	84.0	6.0	1.0
Moradabad	14.0	75.0	8.0	3.0

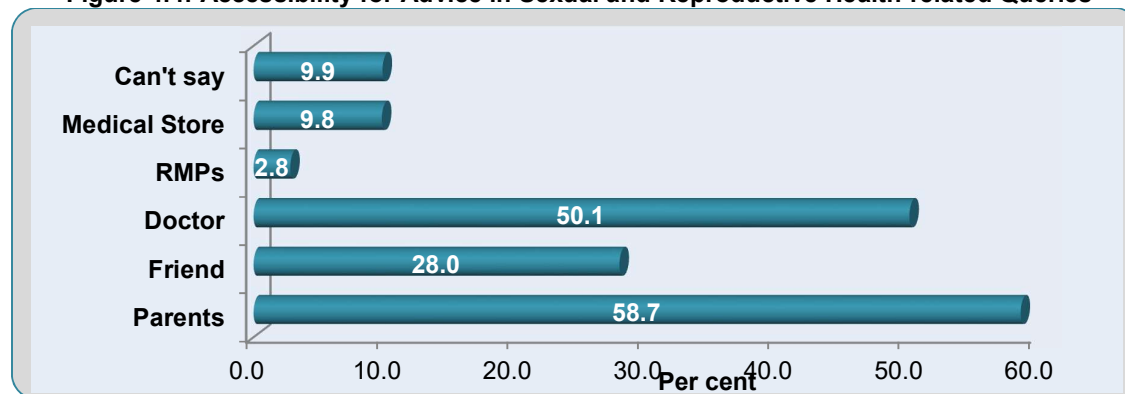
Saharanpur	3.0	90.0	7.0	0.0
Faizabad	7.0	83.0	8.0	2.0
Azamgarh	14.0	75.0	6.0	5.0
Allahabad	7.0	85.0	6.0	2.0
Jhansi	5.0	88.0	2.0	5.0
Agra	7.0	81.0	8.0	4.0
Aligarh	4.0	86.0	7.0	3.0
Basti	7.0	83.0	10.0	0.0
Meerut	3.0	95.0	1.0	1.0
Banda	5.0	84.0	9.0	2.0
Gorakhpur	12.0	81.0	5.0	2.0
Varanasi	2.0	93.0	4.0	1.0
Lucknow	6.7	84.3	5.0	4.0
Kanpur	8.0	71.0	7.0	14.0
Gonda	8.0	87.0	4.0	1.0
Total	7.0	83.7	6.0	3.3

4.3 Sexual and Reproductive Health

With the onset of puberty during adolescence and towards the late adolescence, the body attains maturity and becomes ready for child-bearing. However, the adolescents have insufficient knowledge of various aspects of menstruation, masturbation, conception/pregnancy, childbirth, and childcare which makes them vulnerable to adopting unhealthy practices which in turn makes them responsible for creating an unhealthy society in future. Therefore, creating awareness of these aspects among the youth is of utmost important.

Among the youth and adolescents the important influencers or the advisors on sexual matters were found to be the parents followed by doctors (Figure 4.4). Close to 60% of the respondents depended on parents for clarification of their sexual and reproductive health related queries. About 50% of the, depended on the doctors, whereas a 28% also depended on friends. Less than 10% of them relied on the medical stores or the registered medical practitioners (RMPs) available.

Figure 4.4: Accessibility for Advice in Sexual and Reproductive Health-related Queries



The present study has assessed the awareness of youth/adolescents on the menstrual hygiene practices and the pregnancy and newborn care aspects and the analysis is presented below.

A) Perceptions on Menstrual Hygiene

The adolescents and youth need to be aware of the biological processes and changes that happen to their body, the reasons for menstruation, and the personal hygiene practices to be adopted during menstruation. Analyzing this in the study shows that there is a need for creating awareness of hygiene practices during menstruation.

Figure 4.5: Youth/Adolescents' Perceptions about Menstruation and Menstrual Hygiene (%)

There was misconception among youth that menstruation is discharge of impure blood with about 63.8% of them stating so (Figure 4.5 & Table 4.6). Also, only 73.4% of youth felt that they can take bath during menstruation. As regards the awareness of material used during menstruation, about 85% of them stated of the use of sanitary pads whereas few stated clean cloth or any cloth.

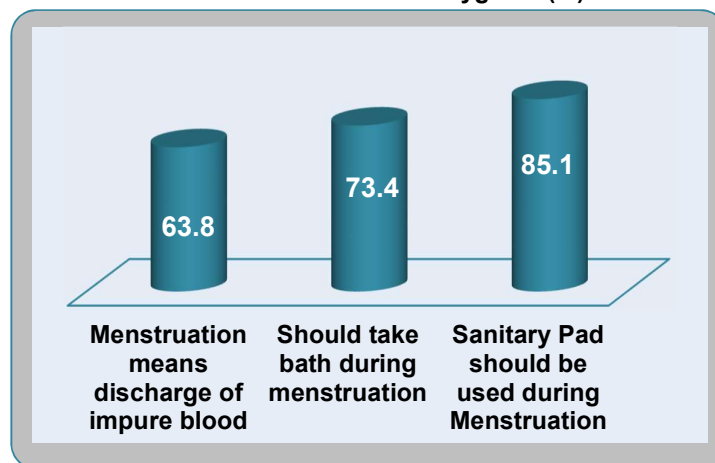


Table 4.6: Youth/Adolescent's Awareness about Menstrual Hygiene

District Name	Menstruation means discharge of impure blood	Should take bath during menstruation	Material used during menstruation			
			Sanitary Pad	Clean Cloth	Any Cloth	Don't know
Bareilly	52.0	68.0	90.0	5.0	1.0	4.0
Mirzapur	78.0	79.0	84.0	13.0	2.0	1.0
Moradabad	64.0	67.0	73.0	19.0	2.0	6.0
Saharanpur	54.0	84.0	82.0	10.0	0.0	8.0
Faizabad	63.0	74.0	86.0	12.0	0.0	2.0
Azamgarh	61.0	59.0	71.0	23.0	2.0	4.0
Allahabad	64.0	75.0	86.0	5.0	1.0	8.0
Jhansi	80.0	77.0	86.0	11.0	0.0	3.0
Agra	69.0	63.0	89.0	6.0	2.0	3.0
Aligarh	75.0	78.0	79.0	12.0	3.0	6.0
Basti	82.0	72.0	83.0	15.0	0.0	2.0
Meerut	43.0	79.0	94.0	3.0	0.0	3.0
Banda	70.0	67.0	90.0	7.0	1.0	2.0
Gorakhpur	48.0	75.0	87.0	6.0	1.0	6.0
Varanasi	68.0	75.0	92.0	3.0	0.0	5.0
Lucknow	64.7	78.7	91.0	2.3	.7	6.0
Kanpur	63.0	64.0	74.0	11.0	3.0	12.0
Gonda	48.0	75.0	82.0	17.0	0.0	1.0
Total	63.8	73.4	85.1	9.3	1.0	4.7

In short, awareness of correct practices, that is, combining those taking bath and using sanitary pads during menstruation was 65.4% and the variations between districts in this regard is provided in Figure 4.6. The differences ranged from 39% in Azamgarh district to 77% in Meerut district. There is need for creating awareness among youth on the personal hygiene practices to be followed with use of various materials.

Figure 4.6: Youth/Adolescents' Awareness on Correct Practices of Menstrual Hygiene

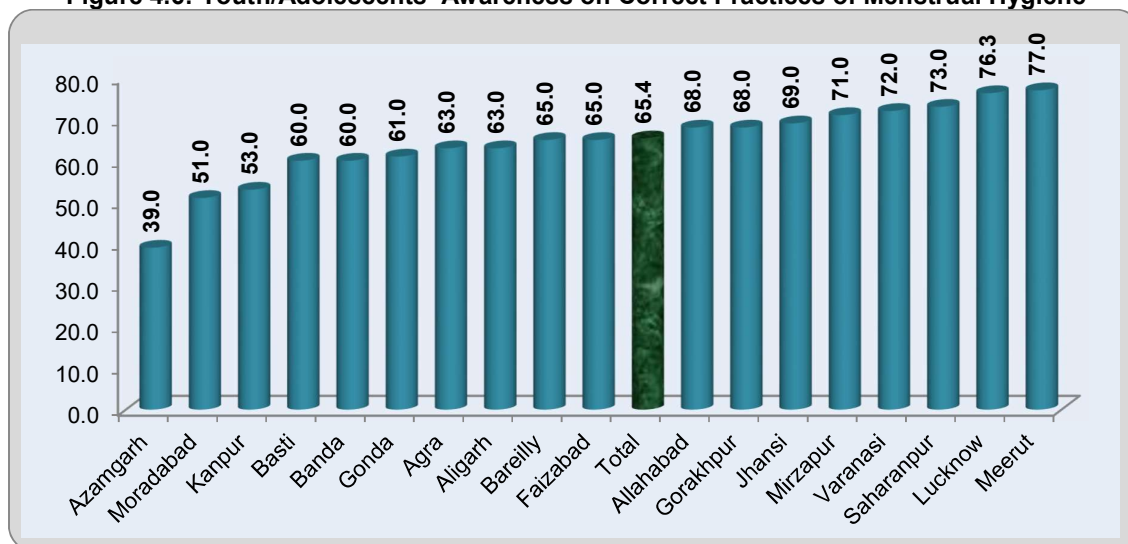


Figure 4.7: Knowledge of Remedies for Problems faced by Girls during Menstruation

As to the awareness of problems faced during menstruation by girls suggest that the knowledge of hygiene practices is a concern again (Figure 4.7). As could be seen from table 4.7, 60% of youth felt that they should use sanitary napkin and only 40% feel that it should be changed regularly. Also, only about 40% of them said that they should go to doctor if they have menstrual problems. There is need for creating the knowledge and changing the attitudes as well as behaviors of youth in this regard.

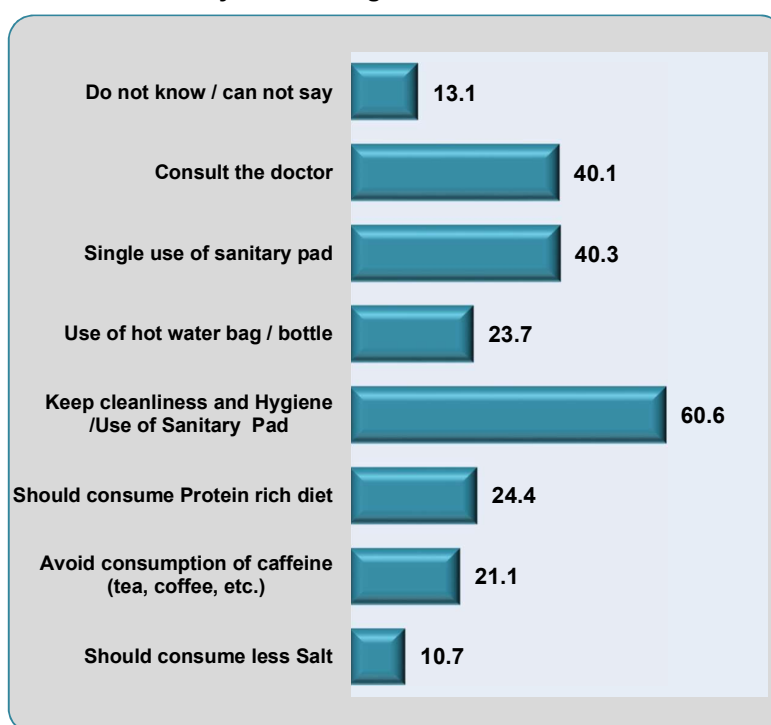


Table 4.7: Youth/Adolescent's Knowledge about Remedies for Problem Faced by Girls during Menstruation

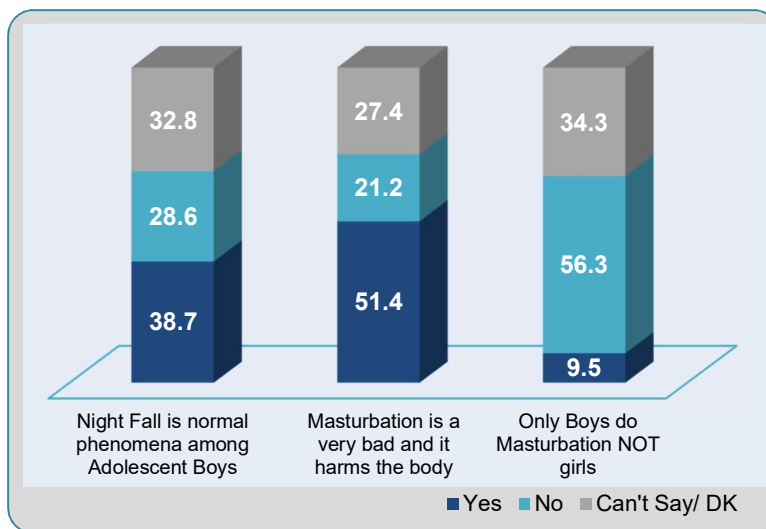
Districts	Less intake of salt	Avoid tea and coffee	Should take more protein rich diet	Keep cleanliness and use sanitary napkin	Use of hot water bag / bottle	Single use of Sanitary napkin & changing regularly	Consult the doctor	Do not know / cannot say
Bareilly	10.0	19.0	23.0	65.0	26.0	42.0	35.0	10.0

Mirzapur	11.0	27.0	40.0	76.0	31.0	53.0	54.0	5.0
Moradabad	20.0	22.0	26.0	61.0	31.0	46.0	37.0	13.0
Saharanpur	8.0	16.0	16.0	69.0	21.0	44.0	40.0	5.0
Faizabad	5.0	17.0	22.0	63.0	21.0	31.0	41.0	12.0
Azamgarh	18.0	13.0	17.0	29.0	11.0	34.0	36.0	12.0
Allahabad	3.0	9.0	11.0	51.0	9.0	29.0	28.0	20.0
Jhansi	8.0	19.0	26.0	50.0	14.0	23.0	30.0	15.0
Agra	15.0	28.0	19.0	50.0	26.0	32.0	29.0	22.0
Aligarh	6.0	17.0	15.0	47.0	18.0	31.0	34.0	14.0
Basti	6.0	14.0	18.0	56.0	10.0	42.0	34.0	10.0
Meerut	33.0	44.0	42.0	78.0	47.0	65.0	60.0	10.0
Banda	13.0	16.0	26.0	51.0	16.0	37.0	39.0	14.0
Gorakhpur	2.0	5.0	28.0	63.0	19.0	33.0	33.0	16.0
Varanasi	4.0	12.0	32.0	69.0	27.0	41.0	43.0	21.0
Lucknow	8.3	17.0	29.3	64.3	37.0	33.7	34.0	11.0
Kanpur	6.0	13.0	13.0	49.0	18.0	23.0	33.0	29.0
Gonda	20.0	79.0	26.0	92.0	18.0	99.0	94.0	1.0
Total	10.7	21.1	24.4	60.6	23.7	40.3	40.1	13.1

B) Perceptions on Masturbation

Figure 4.8: Misconceptions among Youth/Adolescents on Masturbation

The study respondents are youth and adolescents who are in the age of physical growth and developments that make them curious of exploring their sexual desires. Many tend to resort to self-pleasures as a means of satisfying their desires. The study examined the perceptions on masturbation (self-pleasures) among young girls and boys only to find that most of them were filled with misconceptions on the aspect.



It could be observed from Figure 4.8 that only 38.7% of the respondents have stated that night fall is normal phenomenon among boys while larger proportions of about 61% were of the opinion that it was either not normal or did not know or couldn't say. Similarly, the misconception that masturbation is bad and that it harms the body was prevalent among more than half of the youth/adolescents (51.4%) and about 27.4% did not know if it was good or bad. It could be seen that only 21.2% said that it was not bad. However, about 56.3% of the respondents were of the opinion that both boys and girls engage in masturbation. Again, 44% of them of the wrong opinion or did not know if both the sexes engage in masturbation.

C) Reproductive Health

Being in a child-bearing age and soon to become parents in future, it is essential for youth to have knowledge on pregnancy and childbirth and also childcare aspects. The knowledge of the respondents on the ante-natal care required for pregnant women and aspects of newborn care were assessed in the study which overall provided results of low awareness on these aspects among youth (see Figure 4.9 below). It can be seen that just below 35% of the youth were aware of the various requirements of ante-natal care during pregnancy. The details on each of the indicators in this regard are discussed further in detail.

Figure 4.9: Knowledge about Ante-natal Care among Youth

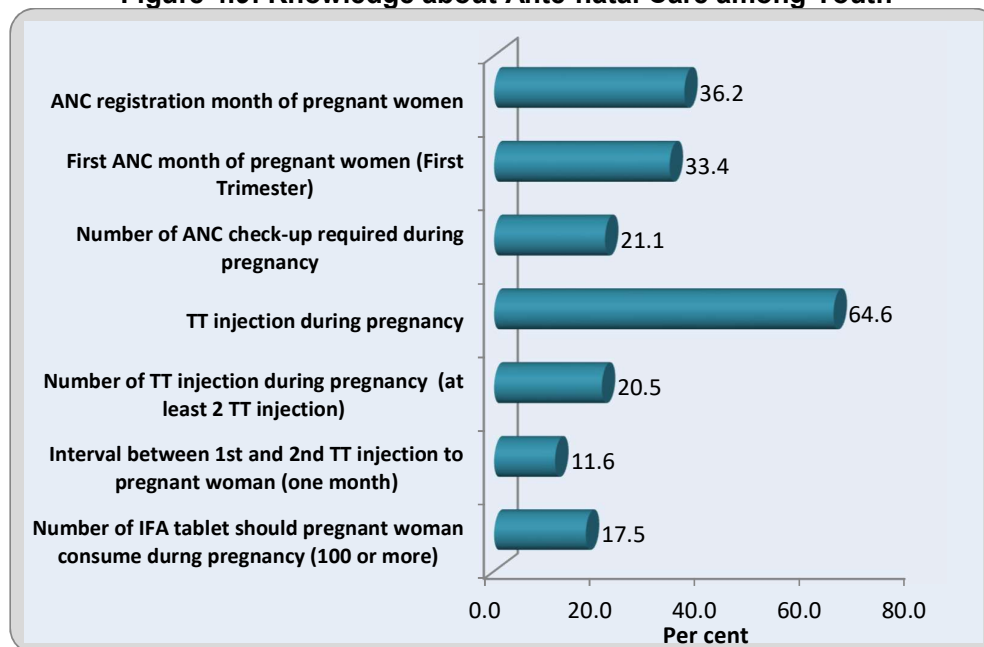
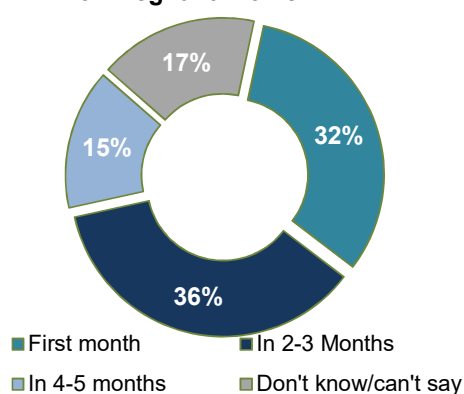


Figure 4.10: Awareness of the ANC Registration of Pregnant Women



Once conceived/pregnant, a woman has to get registered herself for ante-natal care (ANC) in the hospital and follow the routine check-ups during each trimester, take TT injections and medical advice on iron intake and other requirements given by the practitioner, who is a gynecologist. The registration for ANC is usually done in 2-3 months of pregnancy and the routines followed. It could be seen from table 4.8 that only 36% of the youth were aware of this. Though 32% stated that this should be done in the first month of pregnancy, this rarely happens as the pregnancy gets confirmed in the second month in general. It seemed that there was lack of knowledge of the process and procedures among the respondents in this regard.

Table 4.8: Youth/Adolescents Aware about the Time to Register Pregnant Women for ANC (%)

Districts	First month of pregnancy	In 2-3 Months	In 4-5 months	Don't know/can't say	Number of respondents
Bareilly	24.0	39.0	18.0	19.0	100
Mirzapur	31.0	50.0	13.0	6.0	100
Moradabad	31.0	31.0	22.0	16.0	100
Saharanpur	38.0	43.0	14.0	5.0	100
Faizabad	33.0	50.0	8.0	9.0	100
Azamgarh	24.0	44.0	26.0	6.0	100
Allahabad	26.0	35.0	9.0	30.0	100
Jhansi	36.0	38.0	16.0	10.0	100
Agra	26.0	23.0	20.0	31.0	100
Aligarh	14.0	38.0	26.0	22.0	100
Basti	24.0	43.0	27.0	6.0	100
Meerut	26.0	40.0	14.0	20.0	100
Banda	37.0	39.0	14.0	10.0	100
Gorakhpur	39.0	40.0	7.0	14.0	100
Varanasi	20.0	25.0	14.0	41.0	100
Lucknow	35.3	32.3	9.7	22.7	300
Kanpur	37.0	21.0	17.0	25.0	100
Gonda	69.0	27.0	4.0	0.0	100
Total	32.1	36.2	14.9	16.9	2000

Correct knowledge of the number of ANC visits required during pregnancy was not known to most of the youth. Only 21% of the youth stated that three ANC check-ups are essential (Table 4.9). However, with the governments and practitioners advocating 4 ANC check-up in the present scenario, it could be expected that there is some knowledge on this among youth as about 45% of them have stated that 4 ANC check-ups are required. Still, this proportion remained less in the districts of Varanasi, Agra and Allahabad.

Table 4.9: Youth/Adolescent's Knowledge of the Number of ANC Check-up required during Pregnancy (%)

Districts	Two check-up	Three check-up	Four Check-up	Five Check-up	Don't know/Can't say	Number of respondents
Bareilly	5.0	23.0	52.0	1.0	19.0	100
Mirzapur	4.0	28.0	52.0	0.0	16.0	100
Moradabad	5.0	24.0	46.0	4.0	21.0	100
Saharanpur	4.0	26.0	50.0	5.0	15.0	100
Faizabad	6.0	19.0	61.0	1.0	13.0	100
Azamgarh	11.0	25.0	43.0	3.0	18.0	100
Allahabad	1.0	22.0	36.0	3.0	38.0	100
Jhansi	4.0	27.0	50.0	0.0	19.0	100
Agra	7.0	14.0	35.0	0.0	44.0	100
Aligarh	2.0	23.0	42.0	1.0	32.0	100

Basti	4.0	30.0	54.0	1.0	11.0	100
Meerut	5.0	22.0	41.0	1.0	31.0	100
Banda	8.0	25.0	49.0	2.0	16.0	100
Gorakhpur	2.0	21.0	42.0	3.0	32.0	100
Varanasi	0.0	11.0	30.0	0.0	59.0	100
Lucknow	4.3	10.0	44.0	.3	41.3	300
Kanpur	5.0	13.0	40.0	0.0	42.0	100
Gonda	6.0	38.0	40.0	0.0	16.0	100
Total	4.6	21.1	44.8	1.3	28.3	2000

Figure 4.11 shows that about 65% of the youth were aware of the importance of taking TT dose during pregnancy. Yet, it was noted that only 20.5% of the respondents were aware that two doses of TT was required which was correct prescribed dose (Figure 4.12). Also, about 38% have stated that they did not know of the correct dosage of TT required.

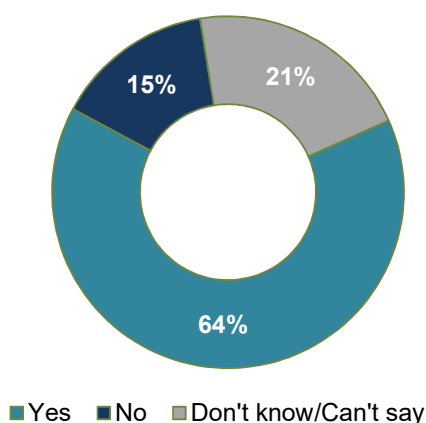


Figure 4.11: Youth/Adolescents Aware that TT Dose is Important during Pregnancy

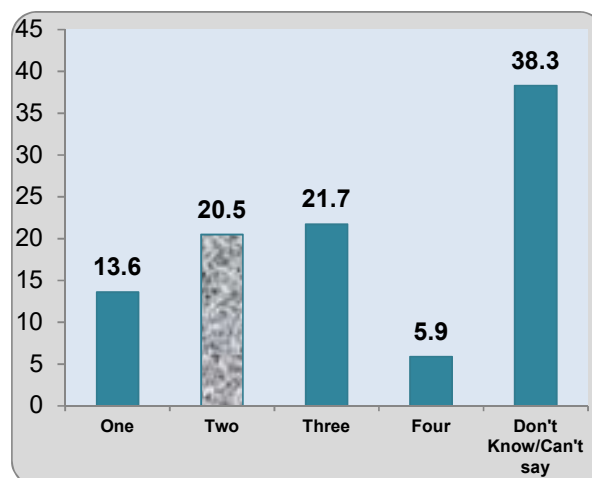


Figure 4.12: Awareness on the Number of TT Doses to be Taken by Pregnant Women (%)

The district-wise analysis of the importance of TT showed that in Agra (44%), Lucknow (50.3%) and Kanpur (58%) districts, only lower proportions knew of its importance. Significant proportions in Allahabad (25%), Agra (33%), Varanasi (44%), Lucknow (34.7%) and Kanpur (25%) districts did not know of the importance of TT doses for pregnant women. Again, Agra, Varanasi, Gonda and Lucknow districts most of them were not aware of the correct number of doses required during pregnancy.

Table 4.10: Youth/Adolescent's Aware about the Importance of TT Dose during Pregnancy and Number of Injections to be taken by Pregnant Women (%)

Districts	TT dose important	Number of TT doses during pregnancy	Number of respondents
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	Yes	No	Don't know/Can't say	One	Two	Three	Four	Don't Know/Can't say	
Bareilly	70.0	12.0	18.0	8.0	20.0	29.0	2.0	41.0	100
Mirzapur	80.0	14.0	6.0	17.0	36.0	15.0	7.0	25.0	100
Moradabad	63.0	19.0	18.0	21.0	21.0	21.0	6.0	31.0	100
Saharanpur	80.0	10.0	10.0	12.0	23.0	28.0	8.0	29.0	100
Faizabad	72.0	18.0	10.0	18.0	28.0	17.0	9.0	28.0	100
Azamgarh	71.0	17.0	12.0	20.0	22.0	22.0	11.0	25.0	100
Allahabad	61.0	14.0	25.0	12.0	20.0	19.0	6.0	43.0	100
Jhansi	60.0	22.0	18.0	11.0	29.0	19.0	7.0	34.0	100
Agra	44.0	23.0	33.0	6.0	13.0	18.0	7.0	56.0	100
Aligarh	73.0	6.0	21.0	16.0	20.0	19.0	3.0	42.0	100
Basti	69.0	19.0	12.0	18.0	40.0	22.0	3.0	17.0	100
Meerut	76.0	7.0	17.0	13.0	13.0	32.0	9.0	33.0	100
Banda	74.0	15.0	11.0	22.0	24.0	19.0	7.0	28.0	100
Gorakhpur	74.0	11.0	15.0	18.0	25.0	20.0	7.0	30.0	100
Varanasi	49.0	7.0	44.0	8.0	7.0	6.0	0.0	79.0	100
Lucknow	50.3	15.0	34.7	13.0	13.7	10.7	5.3	57.3	300
Kanpur	58.0	17.0	25.0	11.0	22.0	13.0	2.0	52.0	100
Gonda	72.0	17.0	11.0	2.0	6.0	83.0	8.0	1.0	100
Total	64.9	14.7	21.0	13.6	20.5	21.7	5.9	38.3	2000

Majority of the youth were aware of the importance of iron intake during pregnancy. It could be observed in Figure 4.13 that about 78% of them stated that Iron and Folic Acid (IFA) tablets were essential during pregnancy. Though, there were only 17.5% of the respondents who had correct knowledge of the amounts of it to be consumed during pregnancy.

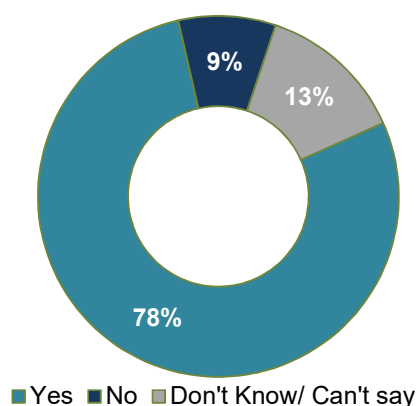


Figure 4.13: Youth/Adolescents Aware of the Importance of IFA Tablets during Pregnancy

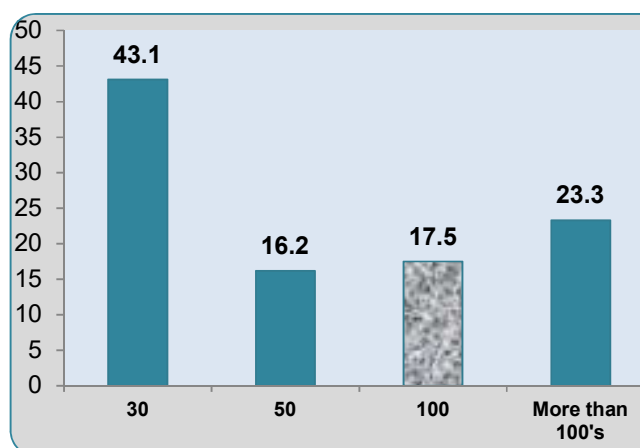


Figure 4.14: Correct Knowledge of the Number of IFA tablet to be Consumed during Pregnancy

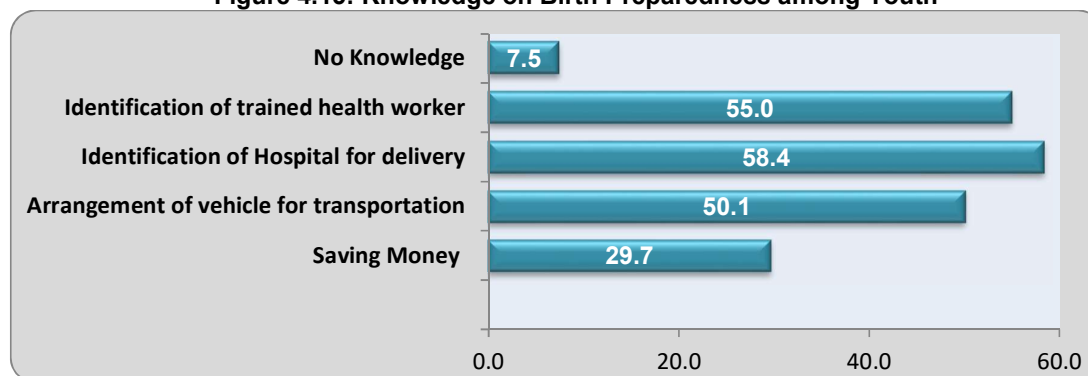
A look at these figures district-wise from Table 4.11 showed that Agra, Lucknow and Kanpur districts had considerably higher proportions of respondents who did not know or couldn't say the importance of IFA tablets during pregnancy. Though overall 8% of them said that taking IFA tablet was not important, this proportion was higher in Moradabad, Azamgarh and Banda districts. As regards the correct knowledge of the number of IFA tablets to be consumed (100 tablets), the districts Azamgarh, Agra, Aligarh, Kanpur and Gonda districts had very low proportions having this correct knowledge.

Table 4.11: Youth/Adolescent's Aware about the Importance of Consumption of IFA Tablet during Pregnancy

Districts	IFA tablet important during pregnancy			Number of IFA tablet to be consumed during pregnancy				Number of respondents
	Yes	No	Don't Know/ Can't say	30	50	100	More than 100's	
Bareilly	76.0	11.0	13.0	38.0	11.0	23.0	28.0	100
Mirzapur	86.0	11.0	3.0	37.0	19.0	27.0	17.0	100
Moradabad	79.0	13.0	8.0	46.0	20.0	15.0	19.0	100
Saharanpur	95.0	2.0	3.0	22.0	18.0	26.0	34.0	100
Faizabad	89.0	3.0	8.0	38.0	13.0	23.0	26.0	100
Azamgarh	72.0	14.0	14.0	45.0	17.0	5.0	33.0	100
Allahabad	79.0	6.0	15.0	38.0	10.0	21.0	31.0	100
Jhansi	86.0	8.0	6.0	50.0	10.0	27.0	13.0	100
Agra	54.0	12.0	34.0	49.0	20.0	7.0	24.0	100
Aligarh	78.0	8.0	14.0	59.0	17.0	9.0	15.0	100
Basti	89.0	7.0	4.0	44.0	17.0	22.0	17.0	100
Meerut	86.0	4.0	10.0	30.0	13.0	22.0	35.0	100
Banda	80.0	16.0	4.0	47.0	14.0	18.0	21.0	100
Gorakhpur	84.0	7.0	9.0	41.0	19.0	21.0	19.0	100
Varanasi	79.0	4.0	17.0	32.0	20.0	19.0	29.0	100
Lucknow	68.3	9.0	22.7	43.3	18.0	17.7	21.0	300
Kanpur	57.0	10.0	33.0	50.0	17.0	7.0	26.0	100
Gonda	88.0	11.0	1.0	66.0	14.0	4.0	16.0	100
Total	78.1	8.7	13.2	43.1	16.2	17.5	23.3	2000

Assessing the birth preparedness among the youth was analyzed in the study and it was observed that less than 60% of the youth even knew about the basic needs like identification of hospital and health worker and the mode of transport to hospital (Figure 4.15). Saving money for delivery was least stated by the youth. There is need for increasing the knowledge of birth preparedness among the youth.

Figure 4.15: Knowledge on Birth Preparedness among Youth



From table 4.12 it could also be observed that saving money for child birth was least felt by the respondents in Faizabad, Azamgarh and Gonda districts. Arrangement of means of

transport for delivery was felt less important among respondents of Azamgarh, Jhansi and Aligarh districts. The need for identification of hospital for delivery was less felt by respondents in Gonda district and the need to identify the health worker for delivery was less felt in the districts Kanpur, Aligarh and Azamgarh. Those who did not know about the requirements of birth preparedness overall were high in Agra, Aligarh, Kanpur and Bareilly districts.

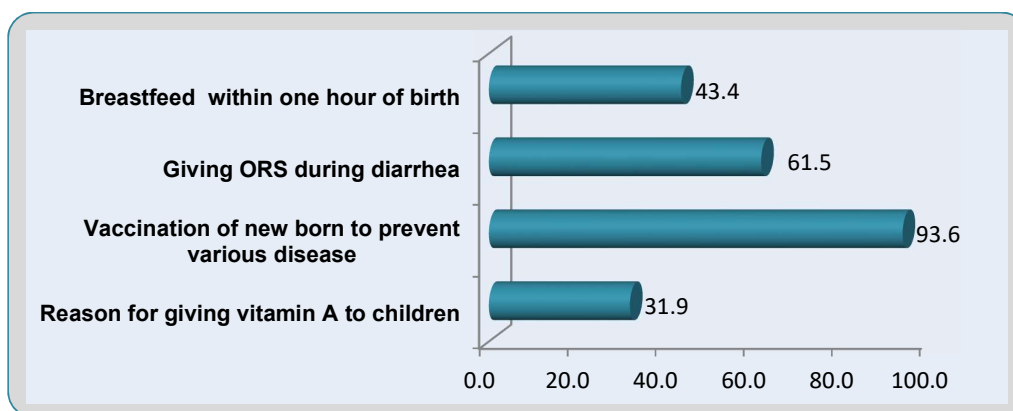
Table 4.12: Youth/Adolescent's Knowledge about Birth Preparedness

Districts	Savings of money	Identification or arrangement of the means of transport	Identification hospital for delivery	Identify the health worker	Do not know / can't say	Number of respondents
Bareilly	27.0	47.0	67.0	48.0	12.0	100
Mirzapur	36.0	73.0	66.0	64.0	3.0	100
Moradabad	50.0	59.0	65.0	47.0	8.0	100
Saharanpur	23.0	64.0	62.0	56.0	1.0	100
Faizabad	19.0	42.0	66.0	56.0	6.0	100
Azamgarh	18.0	35.0	46.0	42.0	7.0	100
Allahabad	24.0	40.0	55.0	58.0	8.0	100
Jhansi	27.0	32.0	48.0	57.0	6.0	100
Agra	33.0	46.0	53.0	45.0	15.0	100
Aligarh	24.0	29.0	55.0	42.0	15.0	100
Basti	27.0	51.0	60.0	56.0	1.0	100
Meerut	39.0	73.0	70.0	81.0	6.0	100
Banda	23.0	45.0	57.0	59.0	4.0	100
Gorakhpur	30.0	40.0	52.0	51.0	8.0	100
Varanasi	32.0	70.0	74.0	78.0	4.0	100
Lucknow	40.0	54.0	67.7	59.0	9.3	300
Kanpur	35.0	37.0	48.0	27.0	17.0	100
Gonda	7.0	56.0	21.0	56.0	1.0	100
Total	29.7	50.1	58.4	55.0	7.5	2000

D) Newborn Care

On the practices of newborn care too, only few of the youth knew of all of the aspects studied. There was more awareness of only the vaccinations provided to the child (Figure 4.16). However, the importance of breastfeeding, the importance of ORS or the Vitamin A dosage was not known to many of the respondents. The detailed analysis of each of these aspects of newborn care awareness studied is presented below.

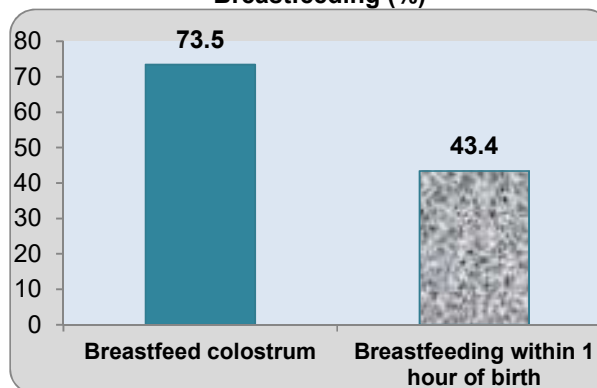
Figure 4.16: Knowledge about Newborn/Child Care among Youth



The first and prime concern in newborn care is breastfeeding after birth. Breastfeeding needs to be initiated immediate after birth within an hour or so as the colostrum that forms immediate after birth is rich in anti-bodies and essential nutrients which are beneficial to the baby and also confers benefits to the mother in the form of improved lactation.

Figure 4.17: Youth/Adolescents Knowledge of Breastfeeding (%)

Majority of the youth seemed to be aware of the importance of breastfeeding colostrum immediate after delivery as about 73.5% stated this. While, when asked about the time to start breastfeeding only 43.4% stated that it should be started within one hour of birth. The remaining 56% of them seemed to have wrong knowledge about breastfeeding.



Nonetheless, there seemed to be differences between the districts studied. The proportion with correct knowledge was as low 23% in Azamgarh, 28% in Agra, 29% in Aligarh and Kanpur and 31% in Meerut district.

Table 4.13: Youth/Adolescent's Awareness about Breastfeeding after Birth

District	Breastfeed colostrum immediate after birth	Time to start breastfeeding after birth					Number of respondents
		Within one hour of birth	After one hour of birth	After two hour of birth	Unless the child cry	Don't Know/Can't say	
Bareilly	81.0	52.0	20.0	8.0	8.0	12.0	100
Mirzapur	78.0	53.0	19.0	8.0	17.0	3.0	100
Moradabad	59.0	31.0	18.0	13.0	29.0	9.0	100
Saharanpur	82.0	42.0	18.0	7.0	29.0	4.0	100
Faizabad	92.0	58.0	17.0	6.0	12.0	7.0	100
Azamgarh	61.0	23.0	22.0	19.0	22.0	14.0	100
Allahabad	85.0	55.0	16.0	3.0	9.0	17.0	100
Jhansi	78.0	41.0	15.0	15.0	15.0	14.0	100
Agra	60.0	28.0	13.0	9.0	19.0	31.0	100

Aligarh	74.0	29.0	26.0	3.0	18.0	24.0	100
Basti	92.0	57.0	23.0	6.0	13.0	1.0	100
Meerut	53.0	31.0	7.0	10.0	32.0	20.0	100
Banda	88.0	45.0	16.0	9.0	20.0	10.0	100
Gorakhpur	84.0	51.0	16.0	14.0	4.0	15.0	100
Varanasi	85.0	45.0	10.0	9.0	9.0	27.0	100
Lucknow	81.3	47.0	18.7	4.7	7.3	22.3	300
Kanpur	65.0	29.0	18.0	7.0	8.0	38.0	100
Gonda	9.0	57.0	1.0	5.0	32.0	5.0	100
Total	73.5	43.4	16.6	8.3	15.9	15.9	2000

The time when the newborn should be given bath was also less known to the study respondents. Newborn child could be given bath after 2-3 days of birth during summer. This was known to only 12.2% of the respondents in the study. A 22.2% of them did not know about when to give first bath to child and the remaining of them had wrong knowledge on the aspect. Across the districts, correct knowledge was worse in the districts Gonda, Knapur, Meerut, Gorakhpur, Varanasi, Aligarh and Allahabad.

Table 4.14: Youth/Adolescent's Aware about Time when Child should get Firth Bath after Birth

District	Immediately after birth	After 6 hours of birth	After 2-3 days of birth in summer	After 6 days of birth in cold	Don't Know/Can't say	Number of respondents
Bareilly	31.0	26.0	14.0	10.0	19.0	100
Mirzapur	33.0	23.0	12.0	13.0	19.0	100
Moradabad	22.0	24.0	24.0	12.0	18.0	100
Saharanpur	31.0	35.0	10.0	16.0	8.0	100
Faizabad	23.0	39.0	13.0	10.0	15.0	100
Azamgarh	29.0	15.0	17.0	17.0	22.0	100
Allahabad	16.0	38.0	8.0	5.0	33.0	100
Jhansi	32.0	30.0	16.0	8.0	14.0	100
Agra	22.0	15.0	19.0	11.0	33.0	100
Aligarh	37.0	21.0	7.0	5.0	30.0	100
Basti	23.0	40.0	20.0	11.0	6.0	100
Meerut	32.0	27.0	5.0	12.0	24.0	100
Banda	36.0	23.0	15.0	10.0	16.0	100
Gorakhpur	16.0	44.0	8.0	15.0	17.0	100
Varanasi	13.0	15.0	8.0	16.0	48.0	100
Lucknow	24.3	25.7	12.7	8.3	29.0	300
Kanpur	30.0	27.0	7.0	4.0	32.0	100
Gonda	49.0	45.0	3.0	1.0	2.0	100
Total	27.4	28.2	12.2	10.1	22.2	2000

Diarrhea among children leads to loss of body fluids and nutrients which may lead to dehydration. The issue gets worse if Diarrhea is associated with vomiting in children. The first and foremost remedy to this is the Oral Rehydration Solution (ORS) which helps in

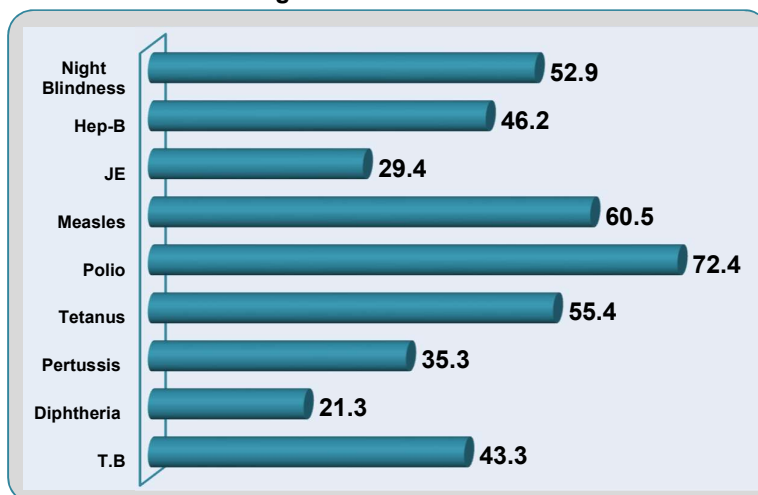
replenishing the lost fluids and nutrients. In the present study, about 61.5% of the respondents were aware that ORS is to be given to child in instances of Diarrhea. This proportion was still lower in Basti (38%), Kanpur and Gonda districts. About 24.5% of them stated that it should be given in instance of vomiting which is only partially correct. About 8% of them did not know when it has to be given to children.

Table 4.15: Youth/Adolescent's Aware about the Instances of ORS being given to Children

District	Vomiting	Diarrhea	Fever	Cold	Don't Know/Can't say	Number of respondents
Bareilly	31.0	60.0	2.0	1.0	6.0	100
Mirzapur	32.0	61.0	5.0	1.0	1.0	100
Moradabad	23.0	58.0	6.0	4.0	9.0	100
Saharanpur	15.0	79.0	2.0	1.0	3.0	100
Faizabad	28.0	60.0	4.0	2.0	6.0	100
Azamgarh	25.0	59.0	4.0	2.0	10.0	100
Allahabad	20.0	68.0	2.0	1.0	9.0	100
Jhansi	13.0	80.0	1.0	2.0	4.0	100
Agra	19.0	60.0	6.0	2.0	13.0	100
Aligarh	20.0	59.0	5.0	2.0	14.0	100
Basti	38.0	38.0	10.0	7.0	7.0	100
Meerut	10.0	75.0	1.0	0.0	14.0	100
Banda	30.0	62.0	2.0	4.0	2.0	100
Gorakhpur	33.0	58.0	4.0	0.0	5.0	100
Varanasi	13.0	82.0	1.0	0.0	4.0	100
Lucknow	24.0	62.3	3.7	0.7	9.3	300
Kanpur	29.0	43.0	5.0	2.0	21.0	100
Gonda	39.0	40.0	20.0	0.0	1.0	100
Total	24.5	61.5	4.6	1.7	7.9	2000

Figure 4.18: Knowledge of Vaccine Preventable Diseases among Youth/Adolescents

It was observed in the study that the youth were aware of certain vaccine preventable diseases in children but not all. The commonly known vaccines were Polio (72.4%) and Measles (60.5%) followed by Tetanus (55.4%) and Night blindness (52.9%). The vaccines like Hepatitis-B, Pertussis, Tuberculosis (TB), Japanese Encephalitis (JE) and Diphtheria were less known among the youth and adolescents. This highlights



that the DPT vaccines which are to prevent Diphtheria, Pertussis and Tetanus was not known

to the youth as they were aware of tetanus while not the DP. The district-wise awareness of the various disease preventable vaccine for children is provided in table 4.16.

Table 4.16: Youth/Adolescent's Aware about Diseases for which Vaccination is Important for Children

Districts	T.B	Diphtheria	Pertussis (whooping cough)	Tetanus	Polio	Measles	Japanese fever	Hepatitis -B	Number of respondents
Bareilly	42.0	24.0	45.0	62.0	77.0	72.0	44.0	53.0	100
Mirzapur	55.0	35.0	51.0	69.0	81.0	81.0	27.0	55.0	100
Moradabad	49.0	28.0	48.0	56.0	74.0	73.0	16.0	32.0	100
Saharanpur	42.0	26.0	40.0	59.0	69.0	68.0	24.0	42.0	100
Faizabad	61.0	32.0	41.0	52.0	75.0	51.0	39.0	53.0	100
Azamgarh	43.0	22.0	30.0	40.0	76.0	39.0	15.0	43.0	100
Allahabad	37.0	15.0	35.0	59.0	74.0	56.0	16.0	55.0	100
Jhansi	47.0	21.0	38.0	45.0	78.0	53.0	13.0	50.0	100
Agra	47.0	20.0	32.0	55.0	72.0	60.0	24.0	48.0	100
Aligarh	41.0	15.0	35.0	43.0	73.0	59.0	22.0	32.0	100
Basti	38.0	21.0	30.0	42.0	73.0	53.0	24.0	37.0	100
Meerut	29.0	12.0	33.0	68.0	62.0	79.0	45.0	49.0	100
Banda	33.0	21.0	33.0	47.0	76.0	56.0	22.0	38.0	100
Gorakhpur	36.0	23.0	26.0	44.0	74.0	42.0	32.0	36.0	100
Varanasi	48.0	21.0	34.0	65.0	84.0	64.0	22.0	67.0	100
Lucknow	50.3	24.3	35.7	53.0	80.0	54.3	28.7	57.7	300
Kanpur	48.0	15.0	38.0	45.0	68.0	43.0	22.0	39.0	100
Gonda	18.0	2.0	9.0	97.0	22.0	98.0	95.0	22.0	100
Total	43.3	21.3	35.3	55.4	72.4	60.5	29.4	46.2	2000

Figure 4.19: Adolescents having Correct Knowledge of Vitamin A Supplementation to Children

Vitamin A is essential for children to support rapid growth and help combat infections. Deficiency of Vitamin A can cause visual impairment leading to night blindness and makes the child susceptible to illnesses and death from childhood infections. In the present study, 52.9% of the respondents were aware that children are supplemented with Vitamin A to protect them from the visual impairment of night blindness (Figure 4.19). The remaining proportion of respondents did not seem to have correct knowledge on the same. However, it could be observed from table 4.17 that in districts like Agra, Lucknow and Kanpur the proportion of respondents having correct knowledge on this was quite low.

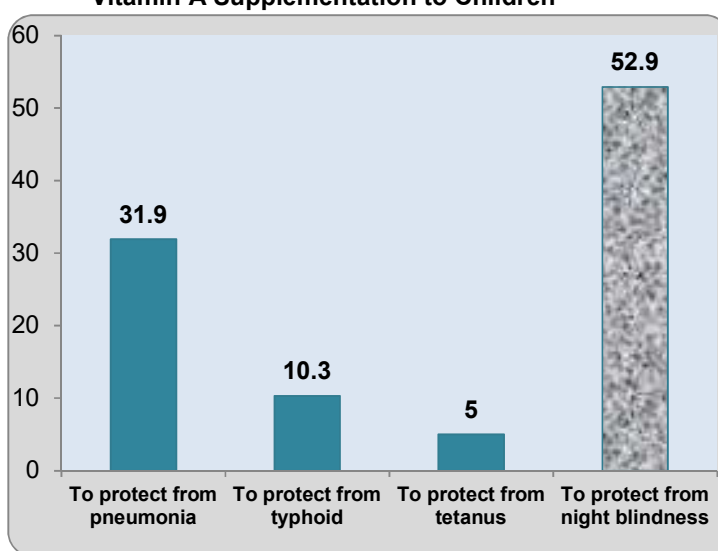


Table 4.17: Youth/Adolescent's Aware about the Reason of Giving Vitamin A to Children

District	To protect from pneumonia	To protect from typhoid	To protect from tetanus	To protect from night blindness	Number of respondents
Bareilly	22.0	11.0	7.0	60.0	100
Mirzapur	32.0	9.0	2.0	57.0	100
Moradabad	38.0	9.0	10.0	43.0	100
Saharanpur	38.0	6.0	2.0	54.0	100
Faizabad	30.0	8.0	4.0	58.0	100
Azamgarh	38.0	9.0	4.0	49.0	100
Allahabad	36.0	13.0	4.0	47.0	100
Jhansi	31.0	14.0	4.0	51.0	100
Agra	35.0	21.0	8.0	36.0	100
Aligarh	34.0	13.0	4.0	49.0	100
Basti	27.0	5.0	3.0	65.0	100
Meerut	16.0	5.0	8.0	71.0	100
Banda	18.0	10.0	2.0	70.0	100
Gorakhpur	37.0	8.0	4.0	51.0	100
Varanasi	28.0	1.0	3.0	68.0	100
Lucknow	46.3	14.7	7.3	31.7	300
Kanpur	35.0	20.0	7.0	38.0	100
Gonda	3.0	0.0	1.0	96.0	100
Total	31.9	10.3	5.0	52.9	2000

4.4 Planned Parenthood

Planned parenthood refers to the concept of a couple planning to conceive and give birth. This requires adopting careful and planned methods of birth control which is termed as 'family planning'. Family planning involves permanent and temporary techniques, practices, and medical devices that help a couple decide the number of children they would have and limit their family size and also for spacing between two children they would bear. The temporary methods, also known as barrier methods is mainly advocated for spacing between bearing two children and includes methods like use of condoms, contraceptive pills, injection, intra-uterine devices, emergency contraception pill etc. The permanent methods, on the other hand are limited methods and are more effective in preventing pregnancy as it permanently stops pregnancy and includes mainly the sterilization methods of either of the couple.

The adolescents and youth are in a stage of life when they are to enter the phase of marriage and parenthood and it is essential to improve their knowledge of methods and uses of family planning. The present baseline study assessed the knowledge of youth on the permanent and temporary family planning measures.

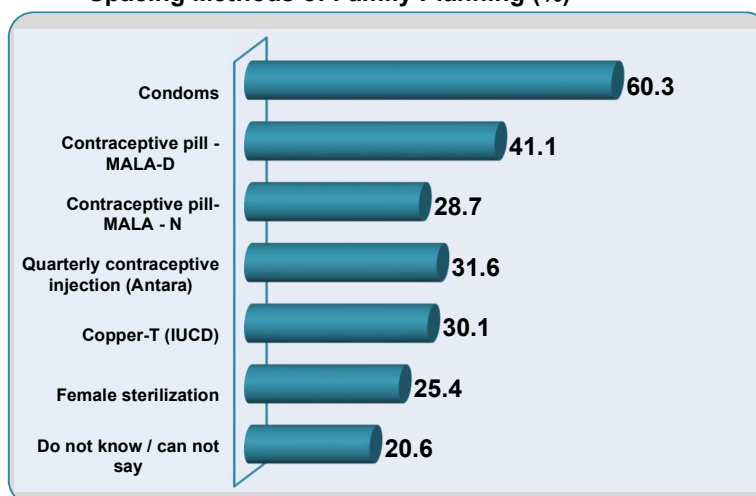
There was general consensus among youth about the importance and benefit of having a small family. Among the respondents slightly above 89% of them stated that a small family is important as it ensures better quality of life (Table 4.18). About 3% each stated that there may be less consumption of food and no shortage of money in small families and about 4% of them did not know of the benefits.

Table 4.18: Youth/Adolescents Awareness about Benefit of having Small Family (%)

Districts	Small family ensure better quality of life	Less consumption of Food	No shortage of money	Don't know/Can't say	Number of respondents
Bareilly	86.0	3.0	9.0	2.0	100
Mirzapur	94.0	3.0	2.0	1.0	100
Moradabad	86.0	6.0	3.0	5.0	100
Saharanpur	95.0	2.0	2.0	1.0	100
Faizabad	96.0	2.0	1.0	1.0	100
Azamgarh	89.0	5.0	3.0	3.0	100
Allahabad	92.0	4.0	1.0	3.0	100
Jhansi	92.0	5.0	0.0	3.0	100
Agra	86.0	5.0	5.0	4.0	100
Aligarh	87.0	3.0	2.0	8.0	100
Basti	91.0	4.0	3.0	2.0	100
Meerut	92.0	1.0	1.0	6.0	100
Banda	90.0	4.0	5.0	1.0	100
Gorakhpur	89.0	3.0	4.0	4.0	100
Varanasi	95.0	1.0	1.0	3.0	100
Lucknow	84.0	2.3	6.3	7.3	300
Kanpur	72.0	7.0	6.0	15.0	100
Gonda	100.0	0.0	0.0	0.0	100
Total	89.2	3.3	3.4	4.2	2000

Figure 4.20: Youth/Adolescent Awareness on Temporary Spacing Methods of Family Planning (%)

Assessment of the awareness of the limiting and spacing methods of family planning among youth are summed up in tables 4.19 and 4.20. Analysis of the knowledge of temporary spacing methods among the youth showed the respondents were aware about multiple methods. About 60.3% of youth were aware of the usage of condoms. This was followed



by the knowledge about contraceptive pill MALA-D, injection (Antara), MALA-N and IUCD. Larger proportions of youth in Gonda district followed by those in Meerut district had good knowledge of the temporary methods of family planning.

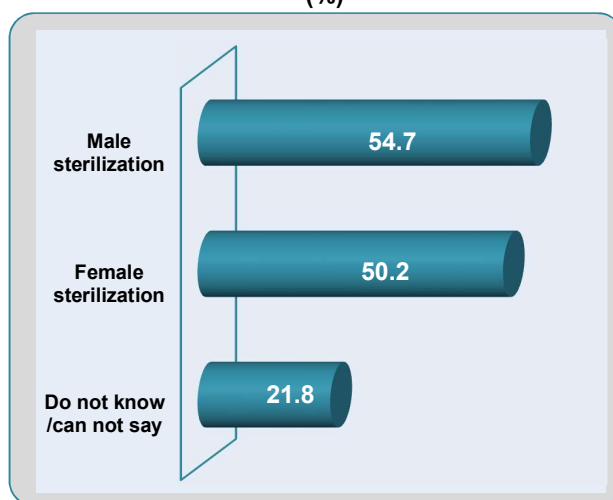
There were about 20% of them who did not know or did not express their awareness of the family planning methods. Another 25.4% of the youth respondents who had the misconception that female sterilization was a temporary method and this was quite higher in Mirzapur district compared to others. Interventions are therefore, essential to clear this misconception among the youth.

Table 4.19: Youth/Adolescents Aware of Temporary Methods of Family Planning

Districts	Condoms	Contraceptive pill MALA-D	Contraceptive pill MALA - N	Quarterly contraceptive injection (Antara)	Copper- T (IUCD)	Female sterilization	Do not know / can not say	Number of respondents
Bareilly	63.0	53.0	30.0	39.0	32.0	27.0	16.0	100
Mirzapur	69.0	62.0	40.0	51.0	44.0	42.0	6.0	100
Moradabad	51.0	46.0	37.0	32.0	24.0	33.0	23.0	100
Saharanpur	75.0	54.0	36.0	25.0	40.0	32.0	9.0	100
Faizabad	58.0	47.0	40.0	36.0	32.0	20.0	18.0	100
Azamgarh	53.0	25.0	20.0	17.0	13.0	24.0	29.0	100
Allahabad	67.0	37.0	19.0	27.0	15.0	20.0	17.0	100
Jhansi	65.0	36.0	20.0	29.0	32.0	20.0	15.0	100
Agra	60.0	33.0	22.0	21.0	30.0	27.0	23.0	100
Aligarh	47.0	31.0	22.0	18.0	23.0	37.0	40.0	100
Basti	46.0	39.0	22.0	33.0	27.0	33.0	18.0	100
Meerut	84.0	65.0	60.0	61.0	49.0	14.0	12.0	100
Banda	63.0	44.0	34.0	31.0	25.0	27.0	18.0	100
Gorakhpur	64.0	42.0	25.0	23.0	28.0	17.0	17.0	100
Varanasi	72.0	50.0	27.0	33.0	45.0	24.0	22.0	100
Lucknow	59.7	38.0	28.7	32.0	34.0	27.0	26.3	300
Kanpur	40.0	23.0	16.0	21.0	8.0	21.0	48.0	100
Gonda	50.0	20.0	18.0	38.0	32.0	8.0	2.0	100
Total	60.3	41.1	28.7	31.6	30.1	25.4	20.6	2000

Figure 4.21: Youth/Adolescent Awareness on Temporary Spacing Methods of Family Planning (%)

Even when asked about the permanent methods, only about 55% and 50% of them knew about male and female sterilization as permanent methods of family planning. The awareness levels of permanent methods were again higher in Meerut district while least in Kanpur district. About 20% each think that contraceptive injections and IUCDs were permanent methods. Also, 21.8% of them did not know or did not state their awareness of permanent methods.

**Table 4.20: Youth/Adolescents Aware of Permanent Methods of Family Planning (%)**

Districts	Male sterilization	Quarterly contraceptive injection (Antara)	Copper-T (IUCD)	Female sterilization	Do not know /can not say	Number of respondents
Bareilly	56.0	25.0	31.0	54.0	21.0	100

Mirzapur	63.0	37.0	27.0	74.0	7.0	100
Moradabad	54.0	35.0	22.0	47.0	22.0	100
Saharanpur	68.0	27.0	35.0	60.0	5.0	100
Faizabad	59.0	24.0	19.0	49.0	15.0	100
Azamgarh	49.0	11.0	15.0	57.0	24.0	100
Allahabad	53.0	17.0	20.0	44.0	27.0	100
Jhansi	57.0	22.0	27.0	52.0	15.0	100
Agra	51.0	16.0	14.0	34.0	34.0	100
Aligarh	46.0	13.0	20.0	47.0	33.0	100
Basti	51.0	23.0	23.0	46.0	17.0	100
Meerut	80.0	11.0	18.0	74.0	13.0	100
Banda	59.0	20.0	16.0	53.0	17.0	100
Gorakhpur	46.0	19.0	26.0	49.0	19.0	100
Varanasi	67.0	14.0	24.0	60.0	22.0	100
Lucknow	48.3	25.3	26.0	42.3	33.3	300
Kanpur	37.0	20.0	15.0	24.0	42.0	100
Gonda	53.0	19.0	9.0	52.0	2.0	100
Total	54.7	21.5	22.0	50.2	21.8	2000

Figure 4.22: Youth/Adolescent Opinion on ECP better among Other Contraception Methods

A fact observed in the study was that of the 2000 youth interviewed in the study, one-fourth of them were supportive of resorting to emergency contraception which was much higher in Basti (40%) and Meerut (39%) districts. Another 27.8% of them did not know or were not able to say if it was better option. Only 50% of the youth reported that emergency contraceptive pill is not better option of family planning.

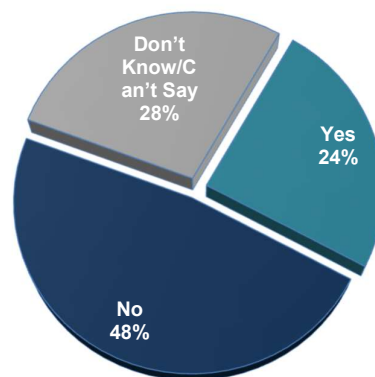


Table 4.21: Youth/Adolescents reporting that Emergency Contraceptive Pill is Better Option of Family Planning (%)

Districts	Yes	No	Don't Know/Can't Say	Number of respondents
Bareilly	26.0	45.0	29.0	100
Mirzapur	27.0	62.0	11.0	100
Moradabad	31.0	41.0	28.0	100
Saharanpur	31.0	50.0	19.0	100
Faizabad	31.0	49.0	20.0	100
Azamgarh	33.0	40.0	27.0	100
Allahabad	14.0	53.0	33.0	100
Jhansi	19.0	58.0	23.0	100
Agra	21.0	43.0	36.0	100
Aligarh	21.0	30.0	49.0	100

Districts	Yes	No	Don't Know/ Can't Say	Number of respondents
Basti	40.0	41.0	19.0	100
Meerut	39.0	37.0	24.0	100
Banda	33.0	55.0	12.0	100
Gorakhpur	26.0	53.0	21.0	100
Varanasi	12.0	51.0	37.0	100
Lucknow	16.0	46.7	37.3	300
Kanpur	21.0	27.0	52.0	100
Gonda	14.0	83.0	3.0	100
Total	24.4	47.9	27.8	2000

4.5 Knowledge of Symptoms, Reasons and Prevention of Anemia

Anemia being a common health issue among adolescents and youth, the study assessed the knowledge of the youth regarding the identification, symptoms, reasons and prevention of anemia among the study respondents.

Figure 4. 23: Knowledge Level of Anemia among Respondents

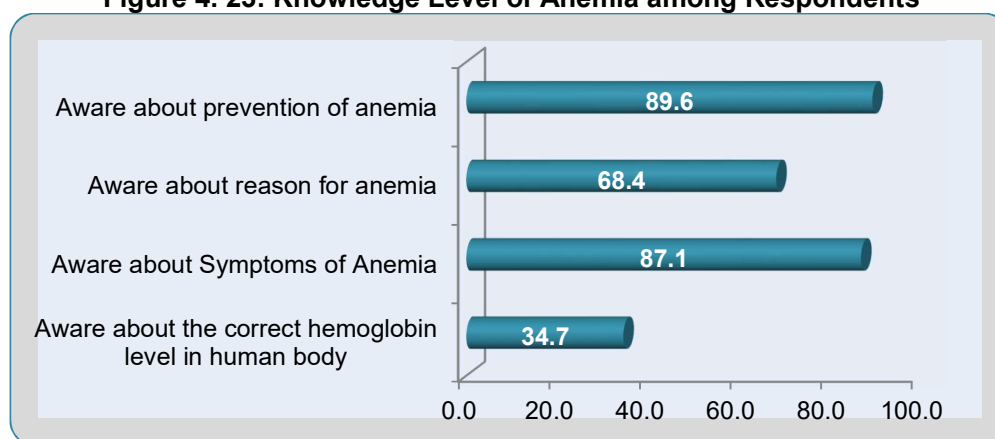


Table 4.22: Youth/Adolescent Knowledge of Hemoglobin Levels (Hb) and the Symptoms of Anemia (%)

District Name	Hb Levels				Symptoms of Anemia			Number of respondents
	7-14 g/dl	14-15 g/dl	10-12 g/dl	Dont know / cant say	Frequent Fever	Marks on face	Weakness (Face, hand, nail, eyes become pale)	
Bareilly	20.0	38.0	28.0	14.0	1.0	2.0	94.0	100
Mirzapur	28.0	39.0	28.0	5.0	5.0	9.0	86.0	100
Moradabad	31.0	27.0	27.0	15.0	11.0	6.0	82.0	100
Saharanpur	34.0	41.0	20.0	5.0	4.0	3.0	91.0	100
Faizabad	24.0	46.0	17.0	13.0	6.0	5.0	85.0	100
Azamgarh	27.0	36.0	27.0	10.0	13.0	5.0	82.0	100
Allahabad	23.0	26.0	30.0	21.0	11.0	3.0	86.0	100
Jhansi	33.0	35.0	24.0	8.0	7.0	4.0	87.0	100
Agra	20.0	35.0	24.0	21.0	7.0	13.0	75.0	100
Aligarh	29.0	33.0	14.0	24.0	2.0	7.0	90.0	100

Basti	29.0	28.0	33.0	10.0	5.0	6.0	89.0	100
Meerut	7.0	50.0	24.0	19.0	1.0	1.0	97.0	100
Banda	41.0	31.0	20.0	8.0	4.0	0.0	94.0	100
Gorakhpur	26.0	30.0	32.0	12.0	4.0	3.0	90.0	100
Varanasi	13.0	46.0	23.0	18.0	3.0	2.0	90.0	100
Lucknow	22.7	35.3	27.0	15.0	5.0	5.3	84.0	300
Kanpur	20.0	38.0	16.0	26.0	10.0	5.0	83.0	100
Gonda	6.0	8.0	84.0	2.0	0.0	0.0	89.0	100
Total	24.0	34.7	27.6	13.8	5.5	4.5	87.1	2000

Figure 4.24: Youth/Adolescent Knowledge of Hemoglobin Levels (Hb) in Human Body

As is observed from table 4.22, only about 35% of the youth were aware of the correct Hb levels in the human body and the remaining 65% of them were having either incorrect information or did not know about the correct levels of HB in human body. This was very poor in Gonda district where only 8% of them had correct knowledge of the HB levels in human body. However, weakness and paleness of face, hand, nail, eyes, being the main symptom of low hemoglobin levels in the body; it could be observed from table that about 87% of the youth were aware of the correct symptoms of anemia with the awareness levels being low in Agra district.

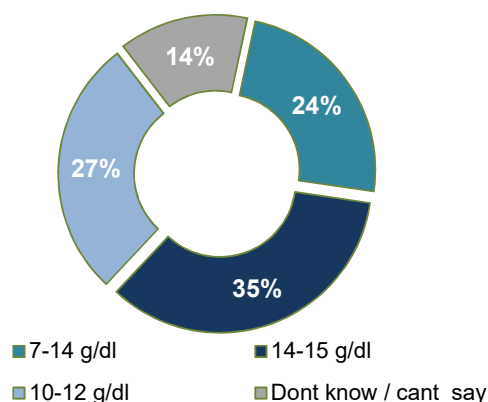


Table 4.23: Youth/Adolescent Knowledge of the Reasons for Anemia and Correct Measures to Prevent It

Districts	Reasons					Prevention			Number of Respondents
	Having less quantity of food	Not having Delicious food	Not having food rich in Protein and Iron	Intestinal Worms	Dont know/ Can't say	Sufficient quantity meal rich in protein and iron	Go barefoot to fields / plains	Dont know/ Can't say	
Bareilly	11.0	4.0	77.0	4.0	4.0	88.0	7.0	5.0	100
Mirzapur	10.0	12.0	69.0	6.0	3.0	93.0	7.0	0.0	100
Moradabad	16.0	7.0	55.0	13.0	9.0	86.0	12.0	2.0	100
Saharanpur	9.0	3.0	81.0	1.0	6.0	96.0	2.0	2.0	100
Faizabad	14.0	8.0	70.0	2.0	6.0	92.0	4.0	4.0	100
Azamgarh	15.0	13.0	63.0	7.0	2.0	90.0	9.0	1.0	100
Allahabad	10.0	13.0	71.0	3.0	3.0	91.0	5.0	4.0	100
Jhansi	25.0	12.0	58.0	2.0	3.0	85.0	13.0	2.0	100
Agra	24.0	10.0	59.0	3.0	4.0	81.0	12.0	7.0	100
Aligarh	21.0	8.0	60.0	5.0	6.0	84.0	8.0	8.0	100
Basti	13.0	9.0	75.0	2.0	1.0	94.0	5.0	1.0	100
Meerut	13.0	0.0	85.0	0.0	2.0	96.0	2.0	2.0	100
Banda	11.0	9.0	70.0	7.0	3.0	90.0	8.0	2.0	100
Gorakhpur	18.0	5.0	66.0	6.0	5.0	93.0	5.0	2.0	100
Varanasi	12.0	0.0	81.0	2.0	5.0	93.0	2.0	5.0	100
Lucknow	13.3	5.7	67.0	4.3	9.7	88.3	4.0	7.7	300

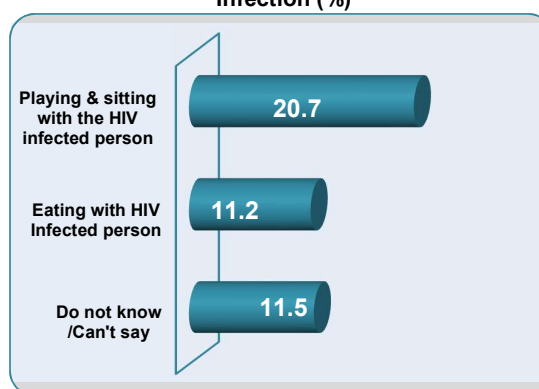
Districts	Reasons					Prevention			Number of Respondents
	Having less quantity of food	Not having Delicious food	Not having food rich in Protein and Iron	Intestinal Worms	Dont know/ Can't say	Sufficient quantity meal rich in protein and iron	Go barefoot to fields / plains	Dont know/ Can't say	
Kanpur	22.0	8.0	48.0	9.0	13.0	82.0	10.0	8.0	100
Gonda	13.0	7.0	78.0	0.0	2.0	93.0	5.0	2.0	100
Total	14.9	7.3	68.4	4.3	5.3	89.6	6.5	4.0	2000

The study findings reveal that youth were also aware of the correct reasons for anemia and the right measures for preventing it. About 68.4% of the youth interviewed stated not having food rich in protein and iron as the main reason for anemia, about 14.9% stated having less quantity of food as the reason, 7% the lack of delicious food and about 4.3% stated intestinal worms as the reason. The awareness of the reasons were low in the districts Kanpur, Moradabad, Jhansi and Agra while Meerut had higher level of awareness. The prevention measures of anemia were known to about 90% of the youth which was a welcome sign.

4.6 Knowledge of Transmission and Prevention of HIV/AIDS

Youth or adolescence is an age group in which individuals are being prone to high risk sexual behaviours and therefore need to be well aware of the sexually transmitted diseases especially the HIV-AIDS. As regards the adolescent/youth knowledge of the HIV infection transmission it could be observed that majority of them (about 70.3%) quoted sexual relation with an infected person as the main reason for infection transmission. Other prominent reasons quoted by them included using HIV infected needles (56.0%) and blood transfusion of HIV infected person (54.5%). About 30.7% of them also felt that HIV gets transmitted from infected pregnant woman to child.

Figure 4.25: Misconceptions among Youth/Adolescents on the Transmission of HIV Infection (%)



Inspite of majority having correct knowledge, it was identified that there were misconceptions among few of the youth on the way the disease is transmitted (Figure 4.25). There were about 21% of the youth who felt that playing and sitting with HIV infected person spreads the disease. Eating with them is dangerous felt about 11.2% of youth and 11.5% of them were not aware of how the infection gets transmitted.

Table 4.24: Youth/Adolescent Knowledge about the Transmission of HIV Infection (%)

Districts	Playing & sitting with the HIV infected person	Sexual relation with HIV Positive person	Using HIV Infected Needles	Blood transfusion of HIV infected person	HIV infected pregnant women to child	Eating with HIV Infected person	Do not know /Can't say	Number of respondents
Bareilly	13.0	79.0	62.0	60.0	40.0	17.0	11.0	100
Mirzapur	25.0	79.0	67.0	70.0	44.0	20.0	2.0	100

Moradabad	39.0	66.0	56.0	53.0	38.0	26.0	8.0	100
Saharanpur	13.0	85.0	83.0	75.0	43.0	8.0	1.0	100
Faizabad	23.0	65.0	55.0	46.0	37.0	10.0	13.0	100
Azamgarh	26.0	69.0	38.0	44.0	27.0	11.0	6.0	100
Allahabad	19.0	63.0	53.0	50.0	22.0	8.0	15.0	100
Jhansi	22.0	78.0	51.0	46.0	22.0	5.0	8.0	100
Agra	23.0	60.0	50.0	41.0	25.0	10.0	17.0	100
Aligarh	20.0	60.0	37.0	39.0	23.0	13.0	30.0	100
Basti	33.0	66.0	39.0	46.0	30.0	15.0	7.0	100
Meerut	21.0	84.0	72.0	74.0	35.0	14.0	10.0	100
Banda	33.0	72.0	46.0	50.0	31.0	16.0	5.0	100
Gorakhpur	27.0	63.0	48.0	42.0	20.0	13.0	10.0	100
Varanasi	7.0	88.0	72.0	74.0	57.0	4.0	6.0	100
Lucknow	17.0	66.3	57.0	53.3	33.7	7.7	16.0	300
Kanpur	18.0	51.0	34.0	34.0	15.0	11.0	31.0	100
Gonda	0.0	78.0	86.0	86.0	4.0	0.0	2.0	100
Total	20.7	70.3	56.0	54.5	30.7	11.2	11.5	2000

The preventive measures were known to only above 50% of the respondents. As observed from table 4.25, close to 53.6% stated that HIV-AIDS could be prevented by not using used needles, 50.9% stated using condoms for prevention of the disease and 29% stated of keeping abstinence as the measure of prevention. However, few of the adolescents in proportions of 12.5% and 10.2% who stated sterilization and taking tetanus respectively as measures of prevention from HIV-AIDS.

Table 4.25: Youth/Adolescent Awareness about the Preventive Measures of HIV/AIDS (%)

Districts	By sterilization	By keeping abstinence	Using condoms	Not using used needles	Taking the tetanus vaccine	Do not know / cant say	Number of respondents
Bareilly	6.0	42.0	56.0	53.0	7.0	11.0	100
Mirzapur	19.0	43.0	69.0	61.0	18.0	3.0	100
Moradabad	15.0	32.0	48.0	60.0	27.0	14.0	100
Saharanpur	6.0	32.0	57.0	82.0	6.0	1.0	100
Faizabad	10.0	31.0	44.0	53.0	13.0	15.0	100
Azamgarh	17.0	20.0	46.0	37.0	7.0	12.0	100
Allahabad	9.0	28.0	51.0	55.0	12.0	17.0	100
Jhansi	12.0	20.0	49.0	51.0	10.0	16.0	100
Agra	12.0	18.0	49.0	37.0	9.0	21.0	100
Aligarh	16.0	20.0	38.0	40.0	8.0	35.0	100
Basti	19.0	21.0	41.0	47.0	24.0	12.0	100
Meerut	6.0	51.0	73.0	72.0	6.0	13.0	100
Banda	12.0	37.0	44.0	59.0	10.0	9.0	100
Gorakhpur	16.0	24.0	47.0	57.0	9.0	12.0	100
Varanasi	5.0	18.0	55.0	61.0	5.0	20.0	100
Lucknow	13.3	21.0	46.3	44.0	7.7	26.0	300
Kanpur	18.0	20.0	34.0	36.0	10.0	37.0	100
Gonda	12.0	60.0	77.0	79.0	0.0	2.0	100
Total	12.5	29.0	50.9	53.6	10.2	16.4	2000

4.7 Substance Use Among Youth/Adolescents

Substance abuse is a risky habit that the adolescents or youth adopt mostly influenced by the peer groups and due to the psychological problems they tend to develop at this period of life. Examining the reasons behind initiating/trying these drugs at this tender age in the study revealed that 49% of the youth resorted to substance use due to the misconception of relief from mental problems which were stated mostly by the respondents in Meerut district. 46.8 % of them also stated that they tried it out of eagerness to do it once in life. Pressure from classmates and friends was stated as the reason by 41.9% of youth and 27% of them tried it to get rid from loneliness. All of these were higher in Meerut district which also indicated that the youth resorting to substance or drug use was higher in these two districts. There were also 10% of them who did not have any reason for trying or initiating substances or drugs.

Table 4.26: Reasons for Initiating/trying Substance/Drugs during Adolescence by Youth/Adolescents (%)

District Name	Reason for initiating/trying Substance/drugs					Number of respondents
	To try one time in life	Misconception of relief from mental problem	To get rid from loneliness	Pressure from classmates and friends	Don't know	
Bareilly	47.0	53.0	35.0	51.0	9.0	100
Mirzapur	49.0	59.0	37.0	62.0	6.0	100
Moradabad	56.0	42.0	43.0	35.0	8.0	100
Saharanpur	41.0	65.0	32.0	44.0	7.0	100
Faizabad	56.0	40.0	23.0	38.0	7.0	100
Azamgarh	32.0	42.0	11.0	27.0	12.0	100
Allahabad	34.0	43.0	15.0	33.0	17.0	100
Jhansi	44.0	26.0	15.0	36.0	12.0	100
Agra	44.0	45.0	25.0	38.0	8.0	100
Aligarh	51.0	42.0	19.0	31.0	12.0	100
Basti	45.0	51.0	21.0	31.0	8.0	100
Meerut	69.0	81.0	51.0	63.0	6.0	100
Banda	42.0	48.0	30.0	40.0	7.0	100
Gorakhpur	40.0	55.0	25.0	32.0	10.0	100
Varanasi	54.0	66.0	34.0	59.0	6.0	100
Lucknow	49.3	47.3	29.7	50.7	11.3	300
Kanpur	37.0	25.0	9.0	30.0	29.0	100
Gonda	46.0	55.0	26.0	35.0	1.0	100
Total	46.8	49.0	27.0	41.9	10.0	2000

The youth who were subject to use of substances/drugs stated that since they got to the addiction their health and future deteriorated and their families were subject to poverty (83.4%). There were about 3.4% of the substance users who felt that their reputation among friends has increased by doing so.

Table 4.27: Impacts of Use of Substance/Drugs among Youth/Adolescents

District Name	What happens after drug use				Number of respondents
	Reputation among friend	Should be done according to age	Health and future become deteriorate and family in poverty	Don't know/Can't say	

Bareilly	9.0	10.0	70.0	11.0	100
Mirzapur	2.0	11.0	85.0	2.0	100
Moradabad	3.0	10.0	84.0	3.0	100
Saharanpur	2.0	1.0	95.0	2.0	100
Faizabad	3.0	9.0	84.0	4.0	100
Azamgarh	2.0	18.0	77.0	3.0	100
Allahabad	5.0	6.0	86.0	3.0	100
Jhansi	3.0	8.0	82.0	7.0	100
Agra	7.0	10.0	73.0	10.0	100
Aligarh	6.0	4.0	81.0	9.0	100
Basti	3.0	6.0	88.0	3.0	100
Meerut	1.0	1.0	97.0	1.0	100
Banda	1.0	12.0	86.0	1.0	100
Gorakhpur	1.0	3.0	92.0	4.0	100
Varanasi	3.0	3.0	91.0	3.0	100
Lucknow	3.0	10.0	78.7	8.3	300
Kanpur	8.0	12.0	62.0	18.0	100
Gonda	0.0	0.0	99.0	1.0	100
Total	3.4	7.7	83.4	5.5	2000

4.8 Factors Facilitating the IEC Intervention

The SIFPSA intervention through the NSS program in the degree colleges is targeted on the youth/adolescent group. The study tried to capture certain underlying aspects among the study group which could facilitate planning the type of IEC intervention and executing it.

a) Decision-making on Education and Health in Family

One such factor that could facilitate the IEC program was the decision makers with respect to education and health in the respondent's household which could give an idea of the extent of the influence required through the IEC program. As could be seen in Figure 4.26, the main decision makers in family were fathers in case of 50% of the respondents in education matters and in 35% of the respondents in health matters. This was followed by other elder members in the family and the mothers. Mothers has a lesser say in terms of education whereas it seemed that they were allowed to make decisions in matters of health equal to the other elder members in the family. Education decisions in 15.2% of the respondents and health decisions in 12.5% of the respondents were made by the respondents self. In case of married respondents the spouses were the decision makers in the matters of health and education. As can be seen from the table 4.29, the decision making by self was higher in the districts of Agra, Varanasi and Lucknow.

Figure 4. 26: Decision-Making on Education and Health in the Family of the Respondents

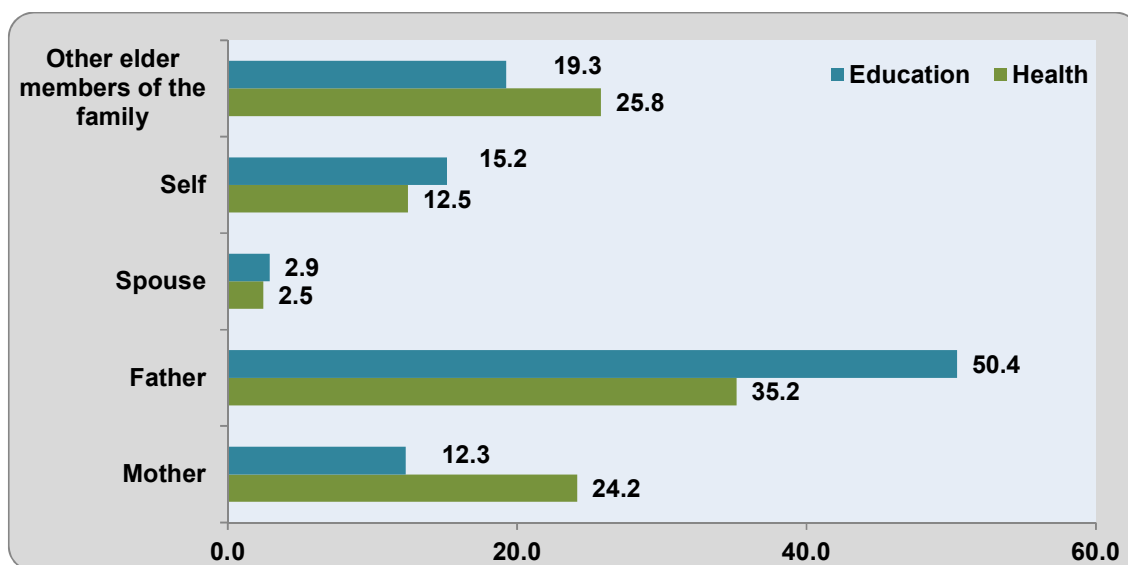


Table 4.28: Decision-makers relating to Education and Health in the Respondents Family

District	Main Decision maker in family related to education				Main Decision maker in family related to health				Number of Respondents
	Mother	Father	Self	Other family Member	Mother	Father	Self	Other family Member	
Bareilly	12.0	43.0	15.0	30.0	24.0	31.0	14.0	31.0	100
Mirzapur	12.0	47.0	13.0	28.0	24.0	35.0	15.0	26.0	100
Moradabad	8.0	36.0	11.0	45.0	15.0	26.0	16.0	43.0	100
Saharanpur	7.0	45.0	17.0	31.0	14.0	35.0	20.0	31.0	100
Faizabad	11.0	51.0	14.0	24.0	27.0	30.0	12.0	31.0	100
Azamgarh	12.0	61.0	3.0	24.0	23.0	40.0	10.0	27.0	100
Allahabad	15.0	47.0	17.0	21.0	33.0	33.0	10.0	24.0	100
Jhansi	11.0	54.0	14.0	21.0	14.0	40.0	18.0	28.0	100
Agra	13.0	47.0	26.0	14.0	22.0	40.0	21.0	17.0	100
Aligarh	13.0	57.0	12.0	18.0	23.0	50.0	8.0	19.0	100
Basti	4.0	57.0	4.0	35.0	18.0	33.0	14.0	35.0	100
Meerut	9.0	55.0	17.0	19.0	22.0	41.0	9.0	28.0	100
Banda	21.0	57.0	7.0	15.0	33.0	32.0	9.0	26.0	100
Gorakhpur	14.0	48.0	19.0	19.0	32.0	29.0	18.0	21.0	100
Varanasi	10.0	43.0	36.0	11.0	27.0	37.0	20.0	16.0	100

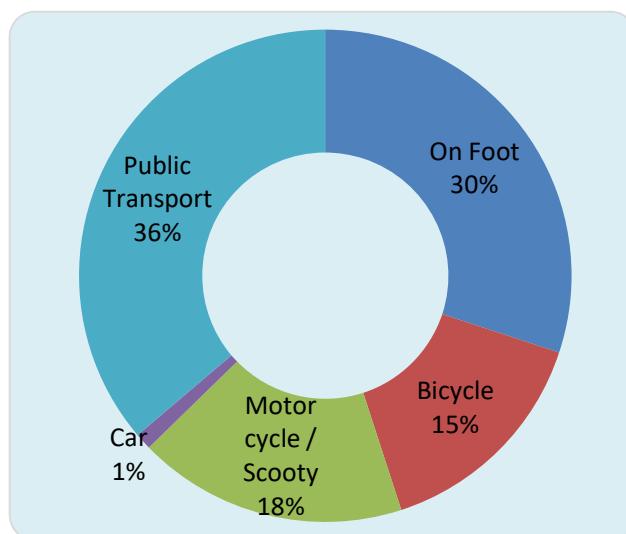
Lucknow	17.0	43.7	20.7	18.7	32.3	35.7	8.3	23.7	300
Kanpur	18.0	50.0	14.0	18.0	32.0	43.0	6.0	19.0	100
Gonda	5.0	79.0	2.0	14.0	3.0	21.0	4.0	72.0	100
Total	12.3	50.4	15.2	22.2	24.2	35.2	12.5	28.3	2000

b) Modes of Commuting to College by Respondents

IEC on the targeted health aspects could be promoted in public transport and otherwise in public. The more the respondents use public transport or walk down to their college the higher are their chances of observing the IEC on the various health aspects. Therefore, the modes of commuting used by the respondents were examined in the study such that it aids the type of intervention that could be planned for each of the aspects under the planned program.

Figure 4. 27: Mode of Commuting to College by Respondents

The study observed that about 36% of the respondents used public transport for commuting to college. There were about 30% of them who commuted on foot to college. Also, 15% of them used bicycles to college. Thus, about 81% of the respondents used these three modes and therefore higher chances of impact of the IEC interventions.



5. Conclusions and Suggestions for Way Forward

5.1 Conclusions

The baseline study of the health-related knowledge, attitude, behavior and practices among the degree colleges in Uttar Pradesh having the NSS programme revealed the knowledge gaps among the youth that can assist with the further planning of the SIFPSA programme for building leadership qualities and confidence of the youth in the NSS programme. The study was conducted in 40 degree colleges in 18 divisional districts of Uttar Pradesh and the KABP of 2000 youth enrolled in these colleges were interviewed. The study analysis involved two parts – (1) Gender attitudes and knowledge of legal issues and; (2) Awareness on health-related aspects. Based on the analysis in sections 3 and 4 of this report, the following are the conclusions of the study.

Gender Attitudes and Awareness of Legal Issues among Youth

Gender Attitude: As regards the gender attitudes of the youth, the positive attitudes were high among the youth. Most of the young respondents felt that boys and girls should be given equal treatment in aspects of food, education, sports, and love and also felt that boys should help with household chores. Negative gender perceptions were prevalent among few of them on aspects like mothers being given respect and treated well only on giving birth to a baby boy, on boy being given delicious food and girls being given only remaining food and that fertility related matters are women's concern. These turns out to be indications of prospective gender stereotyping in the society in the years to come which is a matter of concern and requires appropriate interventions of behavior and attitude changes.

Legal Issues and Offenses: As expected there were knowledge gaps among youth on the legal issue and offenses as well. The legal marriageable age of boys was known to only 3 out of 4 of them and that of girls was known to 4 out of 5 the respondents. Many of the lot were aware of benefits of delayed childbirth and also the spacing required between consecutive births. Yet, there were about 20% of youth who felt that it was correct to have a child when they were below 20 years of age.

As to the awareness on legal offenses, majority of the youth/adolescents were aware that dowry harassment and assault on women are illegal acts. But, slightly lower proportions of them were aware that forced abortion was a crime and hence a legal offense. One in four of the respondents did not even know the punishment for a rape convict and correct knowledge of punishment was known to only one third of youth. Though, the youth was aware of the main culprits in the dowry system, lack of knowledge was observed on the awareness of multiple types of the act that facilitates dowry system.

Health-related KABP

Cleanliness and Hygiene: Awareness and knowledge level regarding health and hygiene aspects among adolescents is satisfactory, however it needs more improvements.

Nutrition: The study observed the youth to be aware of the need for a balanced diet to stay healthy and strong. Though, there were misconceptions around the fact few stated of eating just to satiate hunger.

Overall, proportions as high as 34% of youth lacking knowledge of balanced diet is an issue of concern. Awareness on sources of nutrition such as protein and carbohydrates was only average among the youth.

Sexual and Reproductive health: Close to 60% of the respondents depended on parents for clarification/advice on their sexual and reproductive health-related queries and about 50% of the, depended on the doctors.

There were misconceptions among youth that menstruation is discharge of impure blood and not taking bath during menstruation. There is need for creating awareness on the personal hygiene practices with use of the material during menstruation and frequency of changing it regularly and also the need for going to doctor if they have menstrual problems. The myths and misconceptions around masturbation was also substantially high among youth.

The study found that there were huge lack of knowledge of ANC process and procedures among the respondents. There were also insufficient information on the TT doses and IFA tablets to be taken during pregnancy. On the whole, the awareness of birth preparedness among youth on aspects like identification of hospital and health worker and the mode of transport to hospital was found to be low. Saving money for delivery was least stated by the youth. There is need for improving the knowledge of birth preparedness among the youth.

On the practices of newborn care too, though 3 out of 4 of the youth were aware of the importance of colostrum feeding immediate after delivery less numbers of them were aware that it has to be initiated within one hour of birth. Very few also had right information of the time to give first bath to the newborn. It was also observed that the youth were aware of certain vaccine preventable diseases in children but not all.

Planned Parenthood: Most of the youth were of the opinion that small family is important as it ensures better quality of life. However, there were about 20% of them who did not know of the family planning methods. There were misconceptions among youth on the permanent and temporary methods of family planning and it is essential to clear these misconceptions. One-fourth of the youth were supportive of resorting to emergency contraception over other contraceptive methods which was also not advisable.

Non-communicable diseases: On examining the knowledge on aspects of Anemia and its prevention the study found lack of awareness on the correct Hb levels in the human body among youth. However, though most of them were aware of the correct symptoms of anemia and its preventive measures, there was lack of awareness on the reasons for anemia.

There was fair knowledge in the study area of how HIV/AIDS is transmitted. In spite of majority having correct knowledge, there were certain misconceptions like playing and sitting with HIV infected person and eating with them spreads the disease. There were also few who were not aware of how the infection gets transmitted. The preventive measures were known to only above 50% of the respondents and there were wrong perceptions on the disease prevention.

Substance Use: An inclination towards substance use was observed in the study along with the belief that it gives relief from mental problems. Eagerness to do it once in life, peer-pressure and overcoming loneliness were stated as the main reasons for adopting such

practices. The youth who were subject to use of substances/drugs stated that since they got to the addiction their health and future deteriorated and their families were subject to poverty (83.4%). While, a few of the users felt their reputation among friends has increased by doing so.

5.2 Way Forward

Based on the above findings and conclusions, the following are the suggestions for the way forward in planning and execution of the SIFPSA programme for the youth.

The SIFPSA programme is targeted on the awareness building of youth under the NSS programme. Since the youth is a more active group who are more accustomed to the social media and technology, innovative methods through appropriate use of the social media and technology to reach to this population such as to build their awareness levels should be the focus throughout the programme implementation.

The **way forward** could be to focus on specific aspects which include:

- **Bridge Knowledge and Practice Gaps:** Practice/Behaviour issues were an issue throughout all the aspects studied. Therefore, strategy should be developed to improve the practicing of the knowledge.
- **Improving SRH knowledge:**
 - Poor menstrual hygiene practices and masturbation related myths were observed to be high among the youth which needs to be busted.
 - The knowledge on aspects of pregnancy and ante-natal care needs to be improved. Birth preparedness knowledge should also be improved.
 - Knowledge on Immunization aspects were not as expected. It has a long term effect on future parenthood and positive experience of pregnancy and this awareness needs improvement.
 - 'Breastfeeding is very important for a healthy life' – is a known fact, however, the knowledge among educated youth is quite low. On the other hand, breastfeeding is the most sought after IEC activity by the Health and ICDS department since a long time which can be extended to this program.
- **Improving Knowledge of Planned Parenthood:** Huge knowledge gaps were found in the knowledge of safe sex practices and temporary and permanent methods which need attention.
- **Improving Knowledge of Anemia and Healthy Diet Practices:** The youth portrayed lack of knowledge on the sources of various essential nutrients. Knowledge of healthy diet is to be inculcated among youth. They were also not aware of the correct Hb levels in human body and therefore lacked knowledge of identification of Anemia. Though, they were aware of prevention and treatment measures.

- ***Improve Knowledge Gaps in HIV Prevention Methods:*** The youth had considerable knowledge on how the disease is transmitted. But, there were fair amount misconceptions too in the spread of infection and prevention measures too.
- ***Improve the Awareness of Legal Issues and Offenses:***
 - Despite of massive IEC on Fertility Issues (gap between two consecutive births, Delayed first birth, legal age at marriage etc.) since ages, the Knowledge level among educated adolescent/youth is not that high, which needs a relook.
 - Though dowry harassment and assault on women were accepted as illegal acts by most of the youth, there were individuals who did not know that abortion is a crime or the punishment for a rape convict.
- Improve awareness on the harmful effects of substance use on health and life.

“BASELINE STUDY IN DEGREE COLLEGES OF UTTAR PRADESH RUNNING NSS PROGRAM TO ASSESS THE AWARENESS LEVEL OF YOUTH ON VARIOUS HEALTH ISSUES”

Section-2 General Question			Number	Percent
Q.201	क्या हमें पीने का पानी हमें ठा ठककर ही रखना चाहिए?	हाँ.....1	1975	98.8
		नहीं.....2	25	1.3
Q.202	क्या हमें बिना धोए हुए फल या कच्ची सब्जी खाना चाहिए?	हाँ.....1	76	3.8
		नहीं.....2	1905	95.3
		मालूम नहीं/कह नहीं सकते.....9	19	1.0
Q.203	क्या हमें कुछ भी खाने से पहले अपने हाथ धोने चाहिए?	हाँ.....1	1978	98.9
		नहीं.....2	22	1.1
Q. 204	क्या किशोरों को भी घर के काम-काज में हाथ बटाना चाहिए?	हाँ.....1	1806	90.3
		नहीं.....2	152	7.6
		मालूम नहीं/कह नहीं सकते.....9	42	2.1
Q.205	परिवार में लड़की को भी लड़कों की तरह ही खाना, शिक्षा, खेल-कूद, प्यार इत्यादि मिलना चाहिए	हाँ.....1	1966	98.3
		नहीं.....2	26	1.3
		मालूम नहीं/कह नहीं सकते.....9	8	0.4

Q.206	क्या अच्छे पोषण का मतलब बहुत ज्यादा देसी घी खाने से है?	हाँ.....1	123	6.2
		नहीं.....2	1825	91.3
		मालूम नहीं/कह नहीं सकते.....9		
			52	2.6
Q.207	क्या अच्छे पोषण का मतलब है अपने शरीर को मजबूत और स्वस्थ बनाए रखने के लिए सदैव संतुलित भोजन करने से है	हाँ.....1	1836	91.8
		नहीं.....2	128	6.4
		मालूम नहीं/कह नहीं सकते.....9		
			36	1.8
Q.208	क्या पौष्टिक आहार बहुत महँगा होता है और इसे पैसे वाले लोग ही खा सकते हैं?	हाँ.....1	172	8.6
		नहीं.....2	1753	87.7
		मालूम नहीं/कह नहीं सकते.....9		
			75	3.8
Q.209	क्या हम भोजन केवल भूख मिटाने के लिए करते हैं?	हाँ.....1	451	22.6
		नहीं.....2	1549	77.5
Q.210	क्या बेटा पैदा होने पर स्त्री को सम्मान मिलता है, बेटी पैदा होने पर भला-बुरा कहा जाता है?	हाँ.....1	654	32.7
		नहीं.....2	1127	56.4
		मालूम नहीं/कह नहीं सकते.....9		
			219	11.0
Q.211	क्या बेटे के जन्म पर ही जच्चा (माँ) को पौष्टिक आहार, आराम करने का मौका और परिवार का सहयोग मिलता है?	हाँ.....1	603	30.2
		नहीं.....2	1230	61.5
		मालूम नहीं/कह नहीं सकते.....9		

			167	8.4
Q.212	क्या बेटे को ही अच्छा भोजन देने की कोशिश की जाती है, बेटी को बचा खुचा दिया जाता है?	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	209 1690 101	10.5 84.5 5.1
Q.213	क्या प्रजनन संबंधी बातें केवल औरतों का ही मामला है?	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	310 1519 171	15.5 76.0 8.6
Q.214	पहले बच्चे के जन्म के समय किसी महिला की आयु कम से कम कितने वर्ष की होनी चाहिए?	17-18 वर्ष.....1 19-20 वर्ष.....2 21-22 वर्ष.....3 मालूम नहीं/कह नहीं सकते.....9	62 411 1366 161	3.1 20.6 68.3 8.1
Q.215	दो बच्चों के बीच कम से कम कितने साल का अन्तर होना चाहिए?	एक साल का.....1 दो साल का.....2 तीन साल का.....3	58 376 1457	2.9 18.8 72.9

		मालूम नहीं / कह नहीं सकते..... 9	109	5.5
Q.216	क्या आपको पता है कि लड़को की शादी की कानूनी उम्र क्या है?	20 वर्ष.....1 21 वर्ष.....2 25 वर्ष.....3 मालूम नहीं / कह नहीं सकते..... .9	206 1524 222 48	10.3 76.2 11.1 2.4
Q.217	क्या आपको पता है कि लड़कियों की शादी की कानूनी उम्र क्या है?	17 वर्ष.....1 18 वर्ष.....2 19 वर्ष.....3 मालूम नहीं / कह नहीं सकते..... ..9	71 1670 222 37	3.6 83.5 11.1 1.9
Q.218	अगर किसी पुरुष पर बलात्कार सिद्ध होता है तो उसे कितने साल की सजा होती है?	7 वर्ष..... 1 10 वर्ष.....2 14 वर्ष.....3	571 356 554 519	28.6 17.8 27.7 26.0

		मालूम नहीं/कह नहीं सकते..... ..9		
Q.219	क्या आप बता सकते हैं कि दहेज लेने या देने में कौन अपराधी है? (एक से अधिक उत्तर सम्भव)	दहेज देने वाला.....A दहेज लेने वाला.....B दहेज लेने व देने में सहयोग करने वाला.....C दहेज की मांग करने वाला....D दहेज लेने व देने का विज्ञापन करने वाला.....E मालूम नहीं/कह नहीं सकतेZ	679 730 1048 939 471 78	34.0 36.5 52.4 47.0 23.6 3.9
Q.220	क्या आप बता सकते हैं कि “दहेज मृत्यु” एक अपराध है?	हाँ..... 1 नहीं..... 2 मालूम नहीं/कह नहीं सकते..... 9	1810 99 91	90.5 5.0 4.6
Q.221	क्या आप बता सकते हैं कि “किसी महिला की भालीनता भगं करने की मांग से हिंसा या जबरदस्ती करना” एक अपराध है?	हाँ..... 1 नहीं..... 2	1839 69	92.0 3.5

		मालूम नहीं / कह नहीं सकते..... 9	92	4.6
Q.222	क्या आप बता सकते हैं कि “गर्भपात कराना” एक कानूनी अपराध है?	हाँ..... 1 नहीं..... 2 मालूम नहीं / कह नहीं सकते..... 9	1696 207 97	84.8 10.4 4.9

Section-3 Health Related Question

Q.301	संतुलित भोजन का मतलब होता है?	दाल, चावल,.....1	51	2.6
		दाल,चावल,रोटी, सब्जी.....2	293	14.7
		दाल,रोटी एवं सब्जी..... .3	334	16.7
		दाल, चावल, रोटी, हरी सब्जी, दही, फल और दूध..... ..4	1319	66.0
		छोला पूड़ी और खीर.....5	3	0.2

			51	2.6
			293	14.7
			334	16.7
			1319	66.0
			3	.2
Q.302	शरीर को ताकत देने वाले पौष्टिक तत्व है	कार्बोहाइड्रेट, वसा.....1 दूध, दही.....2 फल.....3 मालूम नहीं/कह नहीं सकते.....9	1036 597 313 54	51.8 29.9 15.7 2.7
Q.303	हमें प्रोटीन मिलता है	शकरकन्दी खाने से.....1 देशी घी खाने से.....2 दाल/राजमा खाने से.....3 मालूम नहीं/कह नहीं सकते.....9	199 332 1396 73	10.0 16.6 69.8 3.7

Q.304	हमें कारबोहाइड्रेट मिलता है	हरी साग सब्जी खाने से.....1 चावल, चीनी, आलू आदि खाने से.....2 दाल खाने से.....3 मालूम नहीं/कह नहीं सकते.....9	750 1095 79 76	37.5 54.8 4.0 3.8
Q.305	किशोरावस्था में भारीर को पौष्टिक तत्वों की अधिक आव यकता होती है क्योंकि?	नींद अधिक आती है.....1 तीव्र गति से विकास होता है.....2 पढ़ाई करनी पड़ती है.....3 मालूम नहीं/कह नहीं सकते.....9	140 1674 120 66	7.0 83.7 6.0 3.3
Q.306	किशोरावस्था में नशीले पदार्थों का सेवन शुरू करने का मुख्य कारण क्या है? (एक से अधिक उत्तर सम्भव)	सिर्फ एक बार नशा करने की ललक.....A मानसिक परेशानियों से छुटकारे की भ्रान्ति.....B अकेलेपन को दूर करना.....C विद्यालय के साथी तथा मित्रों द्वारा दबाव.....D मालूम नहीं/कह नहीं सकते.....Z	935 980 540 837 199	46.8 49.0 27.0 41.9 10.0
Q.307	किशोरावस्था में नशीले पदार्थों के सेवन से क्या होता है?	दोस्तों में इज्जत/रोब बढ़ता है.....1 ये तो उम्र के हिसाब से करना ही होता है.....2 स्वास्थ्य बिगड़ जाता है, भवि य खराब हो जाता है परिवार में तंगी आ जाती है.....3	68 154 1668 110	3.4 7.7 83.4 5.5
Q.308	किशोरावस्था में कोई यौन सम्बन्धी समस्या उत्पन्न होने पर आप क्या करते हैं?	माता/पिता से बात करते हैं.....A दोस्तों से बात करते हैं.....B एम0बी0बी0एस0 डाक्टर के पास जाते हैं.....C	1174 559 1002 56 196 197	58.7 28.0 50.1 2.8 9.8 9.9

	(एक से अधिक उत्तर सम्भव)	झोलाछाप डाक्टर के पास जाते हैं.....D मेडिकल स्टोर से दवा ले लेते हैं.....E कह नहीं सकते.....Z		
Q.309	क्या लड़कों को रात को नींद में खुद-ब-खुद वीर्य का गिरना एक सामान्य बात है।	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	774 571 655	38.7 28.6 32.8
Q.310	हस्तमैथुन करना बहुत गलत काम है जो शरीर को नुकसान पहुँचाता है।	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	1028 424 548	51.4 21.2 27.4
Q.311	क्या हस्तमैथुन केवल लड़के ही करते हैं या लड़कियां भी करती हैं?	लड़के ही करते हैं.....1 लड़के/लड़कियां दोनों करते हैं.....2 मालूम नहीं/कह नहीं सकते.....9	190 1125 685	9.5 56.3 34.3
Q.312	क्या मासिक धर्म में गंदा खून ही बाहर निकलता है?	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	1276 485 239	63.8 24.3 12.0
Q.313	क्या मासिक धर्म में नहाना चाहिए?	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	1467 315 218	73.4 15.8 10.9
Q.314	मासिक धर्म आने पर क्या इस्तेमाल करना चाहिए?	सेनेटरी पैड.....1 साफ कपड़ा.....2 कोई भी कपड़ा.....3 मालूम नहीं/कह नहीं सकते.....9	1701 185 20 94	85.1 9.3 1.0 4.7

Q.315	ऐसी बालिकाएं/महिलाएं जिन्हें माहवारी में किसी समस्या का सामना करना पड़ता है वो क्या करती हैं? (एक से अधिक उत्तर सम्भव)	नमक कम खाना चाहिए.....A	213	10.7
		कैफीन से बचना (चाय, काफी आदि).....B	421	21.1
		ज्यादा प्रोटीन वाली खुराक लेना चाहिए.....C	488	24.4
		साफ-सफाई रखना/सेनेटरी पैड का प्रयोग.....D	1212	60.6
		गर्म पानी के बैग/बोतल का उपयोग.....E	474	23.7
		एक सेनेटरी पैड का एक बार ही इस्तेमाल करना.....F	806	40.3
		डाक्टर के पास जाते हैं.....G	802	40.1
		मालूम नहीं/कह नहीं सकते.....Z	262	13.1
Q.316	आमतौर पर खून की कमी होने पर हमें क्या लक्षण दिखायी देते हैं?	बार बार बुखार आता है.....1	109	5.5
		दाने निकल आते है.....2	90	4.5
		कमज़ोरी लगती है, त्वचा, आँखे, हथेली, जुबान, नाखून सफेद पड़ जाते है.....3	1742	87.1
		मालूम नहीं/कह नहीं सकते.....9	59	3.0

Q.31 7	आपके अनुसार एक स्वस्थ मानव भारीर में खून की कमी होने का मुख्य कारण क्या है?	भोजन कम मात्रा में करना.....1	297	14.9
			145	7.3
			1367	68.4

		स्वादिष्ट भोजन ना करना.....2 भोजन में प्रोटीन और लौह तत्व वाली वस्तुएँ ना खाना.....3 पेट में कीड़े होना.....4 मालूम नहीं/कह नहीं सकते.....9	85 106	4.3 5.3
Q.31 8	हम खून की कमी होने का बचाव कैसे कर सकते हैं?	ऐसा भोजन लें जिसमें प्रोटीन और लौहतत्व पर्याप्त मात्रा में हो.....1 नंगे पैर खेतों/मैदानों में जाएं.....2 मालूम नहीं/कह नहीं सकते.....9	1792 128 80	89.6 6.4 4.0
Q.31 9	आपके अनुसार एक स्वस्थ मानव भारीर में हीमोग्लोबिन की क्या मात्रा होनी चाहिए?	7–14 ग्राम.....1 14–15 ग्राम.....2 10–12 ग्राम.....3 मालूम नहीं/कह नहीं सकते.....9	479 693 552 276	24.0 34.7 27.6 13.8
Q.32 0	आपकी राय में प्रसव से पहले बच्चे के जन्म के लिए एक गर्भवती और उसके परिवार को क्या-क्या तैयारी करनी चाहिए? (एक से अधिक उत्तर सम्भव)	पैसों की बचत.....A यातायात के साधन की पहले से पहचान या व्यवस्था.....B प्रसव के लिए अस्पताल की पहचान.....C प्रशिक्षित स्वास्थ्यकर्ता की पहचान.....D मालूम नहीं/कह नहीं सकते.....Z	594 100 1 116 8 110 0 150	29.7 50.1 58.4 55.0 7.5

Q.32 1	प्रत्येक गर्भवती महिला की प्रसवपूर्व देखभाल अथवा जाँच के लिये पंजीकरण कब तक हो जाना चाहिए?	<p>पहले महीने में.....1</p> <p>दो-तीन महीने में.....2</p> <p>चार-पांच महीने में.....3</p> <p>मालूम नहीं/कह नहीं सकते.....9</p>	<p>641</p> <p>723</p> <p>298</p> <p>338</p>	<p>32.1</p> <p>36.2</p> <p>14.9</p> <p>16.9</p>
Q.32 2	एक गर्भवती महिला को अपनी पहली प्रसवपूर्व जाँच कब करानी चाहिए?	<p>पहली तिमाही.....1</p> <p>दूसरी तिमाही.....2</p> <p>जितनी जल्दी हो सके.....3</p> <p>जब कोई परे ानी हो.....4</p> <p>मालूम नहीं/कह नहीं सकते.....9</p>	<p>668</p> <p>317</p> <p>572</p> <p>84</p> <p>359</p>	<p>33.4</p> <p>15.9</p> <p>28.6</p> <p>4.2</p> <p>18.0</p>
Q.32 3	आमतौर पर पूरी गर्भावस्था के दौरान प्रत्येक गर्भवती महिला की कुल कितनी जाँचे जरूरी हैं?	<p>दो जाँचे.....1</p> <p>तीन जाँचे.....2</p> <p>चार जाँचे.....3</p> <p>पांच जाँचे.....4</p> <p>मालूम नहीं/कह नहीं सकते.....9</p>	<p>92</p> <p>421</p> <p>895</p> <p>26</p> <p>5</p> <p>6</p> <p>6</p>	<p>4.6</p> <p>21.1</p> <p>44.8</p> <p>1.3</p> <p>28.3</p>
Q.32 4	क्या गर्भावस्था के समय महिला को टिटनेस की सुई लगाना जरूरी है?	<p>हाँ.....1</p> <p>नहीं.....2</p> <p>मालूम नहीं/कह नहीं सकते.....9</p>	<p>1297</p> <p>293</p> <p>410</p>	<p>64.9</p> <p>14.7</p> <p>20.5</p>
Q.32 5	गर्भवती महिला को टिटनेस कितनी सुई लगवानी चाहिए?	<p>एक.....</p> <p>1</p> <p>दो.....</p> <p>2</p> <p>तीन.....</p> <p>3</p> <p>चार.....</p> <p>4</p>	<p>272</p> <p>410</p> <p>434</p> <p>118</p> <p>7</p> <p>6</p> <p>6</p>	<p>13.6</p> <p>20.5</p> <p>21.7</p> <p>5.9</p> <p>38.3</p>

		मालूम नहीं/कह नहीं सकते.....9		
Q. 326	गर्भवती महिला को टिटनेस की सुई कितने अन्तराल पर लगनी चाहिये?	एक माह.....1 दो माह.....2 तीन माह.....3 मालूम नहीं/कह नहीं सकते.....9	232 462 575 7 3 1	11.6 23.1 28.8 36.6
Q.327	क्या किसी महिला को गर्भावस्था के दौरान आयरन की गोली खाना जरूरी होता है?	हाँ.....1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	1562 174 264	78.1 8.7 13.2
Q.328	गर्भावस्था के दौरान महिला को आयरन की कितनी गोली खानी चाहिए?	30..... 1 50..... 2 100..... 3 100 से अधिक.....4	862 323 349 4 6 6	43.1 16.2 17.5 23.3
Q.329	सामान्यतौर पर एक माँ को जन्म के कितनी देर बाद अपने बच्चे को अपना पहला स्तनपान कराना चाहिए?	जन्म के एक घंटे के अंदर.....1 जन्म के एक घंटे बाद.....2 जन्म के दो घंटे बाद.....3 जब तक बच्चा रोए ना.....4 मालूम नहीं/ कह नहीं सकते.....9	868 331 165 318 318	43.4 16.6 8.3 15.9 15.9
Q.330	क्या एक माँ को जन्म के बाद बच्चे को अपना पहला पीला गाढ़ा दूध (खींस) पिलाना चाहिए?	हाँ..... .1 नहीं.....2 मालूम नहीं/कह नहीं सकते.....9	1470 207 323	73.5 10.4 16.2
Q.331	जन्म के बाद बच्चे को कब नहलाना चाहिए?	जन्म के एक घंटे के अंदर.....1 जन्म के एक घंटे बाद.....2 जन्म के दो घंटे बाद.....3 जब तक बच्चा रोए ना.....4 मालूम नहीं/ कह नहीं सकते.....9	548 564	27.4 28.2

		जन्म के छः घंटे बाद.....2	244	12.2
		गर्मी में जन्म के दो से तीन दिन बाद.....3	201	10.1
		जाड़े में जन्म के छः दिन बाद.....4	443	22.2
		मालूम नहीं/ कह नहीं सकते.....9		
Q.33 2	ओ. आर. एस. का घोल बच्चों को कब पिलाना चाहिए?	उल्टी आने पर.....1	490	24.5
		दस्त होने पर.....2	1229	61.5
		बुखार होने पर.....3	91	4.6
		सर्दी जुकाम होने पर.....4	33	1.7
		मालूम नहीं/ कह नहीं सकते.....9	157	7.9
Q. 333	क्या आपको मालूम है कि बच्चों को विभिन्न बीमारियों से बचाने के लिये टीके लगाना जरूरी होता है?	हाँ.....	1871	93.6
		.1	60	3.0
		नहीं.....2	6	3.5
		मालूम नहीं/ कह नहीं सकते.....9	9	
Q.33 4	बच्चे को कौन-कौन सी बिमारियों से बचाने के लिये टीके लगवाने जरूरी होते हैं? (एक से अधिक उत्तर सम्भव)	टी0	865	43.3
		बी0.....A	426	21.3
		गलघोंटू.....	705	35.3
		.B	110	55.4
		काली खांसी.....C	7	72.4
		टिटनेस.....	144	60.5
		..D	8	29.4
		पोलियो.....	121	46.2
		..E	0	
		खसरा.....	588	
		..F	9	
		जपानी बुखार.....G	2	
		हेपेटाइटिस-बी.....	4	
		..H		

Q.33 5	बच्चों को विटामिन 'ए' की खुराक क्यों पिलायी जाती है?	निमोनिया से बचाने के लिए.....1 टायफाईड से बचाने के लिए.....2 टिटनेस आदि से बचाने के लिए.....3 रतौंधी से बचाने के लिए.....4	637 206 99 1058	31.9 10.3 5.0 52.9
Q.33 6	कौन से दंपति नसबंदी करवा सकते हैं?	जिनके दो या तीन बच्चे हों.....1 जिनका एक बच्चा हो.....2 जिनके छः या उससे अधिक बच्चे हों.....3	1438 153 409	71.9 7.7 20.5
Q.33 7	छोटे परिवार के क्या फायदे होते हैं?	छोटा परिवार बेहतर जीवनस्तर को सुनिश्चित करता है.....1 राशन कम लगता है.....2 पैसे की कभी कमी नहीं होती है.....3 मालूम नहीं / कह नहीं सकते.....9	1784 65 67 84	89.2 3.3 3.4 4.2
Q.33 8	इनमें से परिवार नियोजन के अस्थायी साधन कौन-कौन से हैं? (एक से अधिक उत्तर सम्भव)	कंडोम..... A गर्भनिरोधक गोली माला-डी.....B गर्भनिरोधक गोली माला-एन.....C तिमाही गर्भनिरोधक सुई (अंतरा).....D कॉपर-टी (आईयूसीडी).....E महिला नसबंदी.....F मालूम नहीं / कह नहीं सकते.....Z	120 6 821 574 631 601 507 412	60.3 41.1 28.7 31.6 30.1 25.4 20.6
Q.33 9	इनमें से परिवार नियोजन के स्थायी साधन कौन-कौन से हैं?	पुरुष नसबंदी.....A तिमाही गर्भनिरोधक सुई (अंतरा).....B कॉपर-टी (आईयूसीडी).....C	109 4 429 439	54.7 21.5 22.0 50.5 21.8

Q.34 2	आपकी जानकारी के हिसाब से एड्स से बचाव कैसे किया जा सकता है? (एक से अधिक उत्तर सम्भव)	नसबंदी करवाने से.....A	250	12.5
		संयम रखने से.....B	580	29.0
		कंडोम के प्रयोग से.....C	1015	50.8
		संक्रमित सुइयों का इस्तेमाल न करके.....D	1072	53.6
		टिटनेस का टीका लगवाने से.....E	2	10.2
		मालूम नहीं/ कह नहीं सकते.....Z	204	16.4
			328	
Q.34 3	क्या यह कथन सही है कि "यौन रोगों का इलाज हो सकता है लेकिन एड्स का कोई इलाज नहीं है"?	हाँ.....1	1024	51.2
		नहीं.....2	627	31.4
		मालूम नहीं/ कह नहीं सकते.....9	349	17.5