

**Al-Quds University
School of Public Health**

**Endorsement
Thesis Title**

Reproductive Health and Family Planning knowledge, attitude, and possible future practice (KAP) Study among female adolescents in the Mid Zone in the Gaza Strip".

Supervisor

Dr. Dina Abu Shab'n

Title

**Director of Women's Health
and Development Directorate**

Signature

Date 16.9.2002

Advisor

Mr. Shehada El-Ebweini

Title

**National Expert of UNFPA
project**

Signature

Date

15.9.2002

Internal Examiner

Dr. Suzanne Shashaa'

Title

**Assistant Dean of school of
Public Health**

Signature

Date

S. Shashaa'

External Examiner

Dr. Regada AL Shawaa

Title

**Peditrac consultant of
Minister of Health**

Signature

Date

Regada Shawaa

Abstract

This study is "Reproductive Health and Family Planning Knowledge, Attitude, and possible future Practice Study among female adolescents in the Gaza Strip". The aim of the study is to identify the possibility of the future practice, to assess the knowledge of the female adolescents, to explore the adolescents' attitudes and to determine the adolescents' needs in Reproductive health and family planning. This is hopefully to provide reliable information as baseline data for further studies, which may help a planner to develop a comprehensive program for female adolescents.

Design of the study: cross-sectional design.

Area of the study: Al- Bureij Camp, Al Zawaida Village and Der Al Balah city in the Mid Zone in the Gaza Strip.

Setting of the study: Summer Camps are the study localities, which were administered by the Palestinian Ministry of Health, Palestinian Ministry of Youth, UNRWA and Non Governmental Organization (Shams Al Horriya).

Sample and Sampling: The study population was 313 female adolescents that were selected through a systematic random sample among whom 113 girls were from Al-Bureij camp, 48 girls were from Al-Zawaida village and 152 girls were from Der Al Balah city. The data were analyzed by using the Statistical Package Social Science (SPSS) software program.

Material of the study: Interviews using a structured administered questionnaire.

Main Findings: It was found through the study that female adolescents have high knowledge and demonstrated positive attitudes and future possible practice in some

components of reproductive health. For example 75% of the study population have heard about Reproductive Health and Family Planning (RH\FP), 80.1% of the total study population have positive answer towards comprehensive meaning of RH/FP, (96.8%) agree on pre-marriage counseling needs, (95.1%) of the total study population agree on proper diet during all stages of the girl's life cycle, (96.8%) of the total study population agree with the importance of antenatal care. While there was a lack of knowledge and negative attitudes towards other Reproductive Health components for example (56.9%) of the total study population consider the age 15-19 to be ideal age for marriage,(52.5%) of the total study population agree on consanguineous marriage, (40%) of the total study population do not know about any contraceptive method .

Recommendation:

There is a need to develop and include programs on RH issues to the school curriculum, to increase knowledge on impacts of early marriage and consanguineous marriage as well as to increase awareness of adolescents about contraceptive methods. (These programs have to be based on rules and regulations of Islamic religion and according to the Palestinian culture.) Development of awareness programs for parents on RH through means of mass media such as TV and radio is important as well.

ملخص

دراسة حول معرفة واتجاهات والممارسات المستقبلية المراهقات بما يخص الصحة الإنجابية وتنظيم الأسرة في قطاع غزة 2002

تعتبر صحة المراهقات من المكونات الأساسية في الصحة الإنجابية وممارسة عادات صحية سليمة من دعائم صحة سليمة للفتاة خلال دورة حياتها وقد تم دراسة الصحة الإنجابية وتنظيم الأسرة معرفة واتجاهات إمكانية ممارسات مستقبلية للفتيات في مرحلة المراهقة في المنطقة الوسطى بقطاع غزة. وتهدف الدراسة إلى التعرف على إمكانية الممارسات المستقبلية وتقييم معلومات الفتيات المراهقات والتعرف على اتجاهات الفتيات فيما يخص المراهقات عن الصحة الإنجابية وتنظيم الأسرة وذلك من أجل تحديد الاحتياجات المستقبلية لفئة المراهقات. ونأمل إن تقدم هذه الدراسة معلومات واقعية كقاعدة معلومات لدراسات أخرى والتي يمكن إن تساعد المخططين لتطوير برامج شمولية للفتيات المراهقات.

منهجية الدراسة:

هذه الدراسة هي دراسة وصفية تمت في ثلاث مناطق في قطاع غزة وهي مخيم اليريج وقرية الزوايدة ومدينة دير البلح . وقد تم استخدام استبيان بلغة العربية كأداة لجمع المعلومات التي اعتمدت على مقابلات فردية مع الفتيات المراهقات في المخيمات الصيفية. لقد تم تحديد حجم العينة ب (313) فتاة من بين الفتيات المشاركات في المخيمات الصيفية في أيام الدراسة والتي كانت من 2001/7/15 – 2001/8/10 بأسلوب العينة العشوائية المنتظمة, حيث كانت نسبة الاستجابة 95%. وقد استخدم البرنامج الإحصائي SPSS في تحليل البيانات.

أهداف الدراسة:

- تقييم معلومات الفتيات المراهقات فيما يخص الصحة الإنجابية وتنظيم الأسرة.
- التعرف على اتجاهات الفتيات فيما يخص الصحة الإنجابية وتنظيم الأسرة.
- التعرف على إمكانية الممارسات المستقبلية فيما يخص مكونات الصحة الإنجابية وتنظيم الأسرة.
- تحديد الاحتياجات للفتيات فيما يخص الصحة الإنجابية وتنظيم الأسرة.

النتائج الأساسية:

وجدت هذه الدراسة إن الفتيات لديها معلومات عالية وأبدت اتجاهات إيجابية لبعض مكونات الصحة الإنجابية وتنظيم الأسرة من مجموع العينة التي أجريت معها الدراسة على النحو التالي:

• نسبة الفتيات التي وافقت علي أهمية المتابعة خلال الحمل بلغت 96.8%.

بينما وجدت هذه الدراسة إن الفتيات لديها معلومات منخفضة واتجاهات سلبية لبعض مكونات الصحة الإنجابية وتنظيم الأسرة من مجموع العينة التي أجريت معها الدراسة علي النحو التالي:

• نسبة الفتيات التي تعبر السن المثالي لزواج هو (15-19) بلغت 57% .

• نسبة الفتيات التي لديها اتجاهات إيجابية لزواج الأقارب بلغت 52.5% .

• نسبة الفتيات التي لا تعرف أي وسيلة تنظيم أسرة بلغت 40% .

التوصيات:

يوجد ضرورة لتبني برامج عن الصحة الإنجابية من ضمن البرامج المدرسية وذلك لزيادة المعرفة لتعديل اتجاهات عن سن الزواج الملائم للفتاة وتوضيح ما مدي الآثار المترتبة عن زواج الأقارب وزيادة المعرفة بوسائل تنظيم الأسرة وإن تكون هذه البرامج مستندة علي قواعد وأصول دينية و مدعمة من قيم و تقاليد المجتمع الفلسطيني.

يوجد ضرورة لتبني برامج تثقيفية للمدرسين والمرشدين التربويين عن الصحة الإنجابية البرامج نابعة من احتياجات الأمهات لكيفية توفير المعلومات وتعديل اتجاهات الفتيات من خلال زيادة وعي الأمهات من خلال الراديو والتلفزيون. حث رجال الدين علي زيادة وعي الجماهير بمدي خطورة الزواج المبكر وزواج الأقارب ومدي أهمية مراعاة الفتيات وزيادة معرفتهم في مرحلة المراهقة.

Acknowledgements

My most profound gratitude is to Dr. Reyad El zzan'oon, the Palestinian Minister of Health, and Dr. Yehia Abed, the former Dean of School of Public Health. I gratefully acknowledge my academic supervisor Dr. Dina Abu-Shaaban for her useful guidance and kind care. My sincerest gratitude goes to my academic advisor Mr. Shehada El-Ebweini for his great contributions in the research project.

I'm also particular indebted to Dr. Suzanne Shashaa' the Dean assistant of School of Public Health for her kind help and endless support. I would like to thank Ms. Miryam Zakot, the General director of Culture & Free Thought Association for her great support, and staff of association.

Great thanks are to Mr. Emad Nashwan and Ms. Akseniya El Kafarana for their assistance. I also want to thank Mr. Mahamoud El Dama, Dr. Rayed Awad and Mr. Jamal Abed Al Latife for their assistance.

I would like to express my sincere thanks and gratitude to all the people who were involved in helping me to undertake my study, they are:

Ms. Offa Eied, May Abu Rashed, Moha Al Akade, the administrative staff in the summer camps, staff of Women's Health Center and staff of Women's Health and Development Directorate.

I thank the adolescent girls who agreed to participate in this study. I wish them the best success in their study and future social life. I sincerely hope that this study will be of benefit to the Palestinian community in Gaza.

Chapter 1

Introduction

The health of adolescents has been important to have healthy community and they have somewhat ignored in the past, perhaps because as a group they are perceived to be relatively disease-free. The adolescents have different needs than children and adults. A better understanding of adolescents' needs and their potential, along with the principles of effective intervention, disseminated at all levels of society in specific cultures.

1.1. Geography:

The Gaza Strip is a narrow piece of land lying on the coast of the Mediterranean Sea in South of Palestine. Its position on the crossroads from Africa to Asia made it a target for occupiers and conquerors over the centuries. Gaza Strip is 50 kilometers long, from Beit Hanon in the north to Rafah in the south. Its width reaches 5-12 km from the north to the south with an area of 364 square km (Gaza Community Mental Health Program (GCMHP), 1998).

The Gaza Strip is divided into five governorates: North, Gaza city, Mid-Zone, Khan Younis and Rafah. There are four towns, eight refugee camps and fourteen villages in the Gaza Strip.

The Mid-zone Governorate has one city, four refugee camps and three villages.

Der Al Balah city

Der Al Balah is the main city of the Mid-zone Governorate in the Gaza strip with the population of 34537. The total area of the city is 73675000 m² where

24000 m² has been occupied by Kafar Darom settlement since 1970. There are 7 schools for boys, 4 schools for girls and three mixed schools. The total number of male students is 6074 while the total number of female students is 4796 at schools under the supervision of the Ministry of Education. There is one governmental hospital, one MoH primary health clinic, one UNRWA clinic and many other private clinics (Der Al- Balah municipality report, 2001).

Al Zawaida village

Al Zawayda village is the biggest village of the Mid zone with population of 11600 where 70% are refugees who moved from the refugee camps to settle down in the village. The total area of the village is 243003 m². There are two primary health care clinics and many private clinics. There is one joint school for elementary and preparatory education. There is no secondary school in the village. (Al Zawaida municipality report, 2001)

Al-Bureij Camp

The population of Al-Burajj Camp is 25158 people, where the percentage of refugees is 95.4. The area size is 557000 m², some of which are agricultural areas while the others are residential ones. There is one governmental primary health care center, one UNRWA clinic and one NGOs health center "Women's Health center" (Al-Burajj municipality report, 2001).

There are 4 elementary schools for girls with 3127 female students and 2 preparatory girl's schools with 1222 female students supervised by the

The Palestinian Central Bureau of Statistics estimates in its reports a visible decline in the crude birth rate in the last five years. The crude birth rate (CBR) of the population in the Gaza Strip was 54.7 per 1,000 and 50.1 per 1,000 in 1990 and 1998 respectively (PCBS, 1998). Despite the progressive decline over the years in CBR, it is still high in Palestine compared to other countries. Crude birth rate declined from 46.5\1000 in 1995 to 34.5\1000 in 1998 and 33.2 in 2000 (MOH, 2001). According to the MOH data, the total number of reported births in Palestine was 92,719 in 2000 where it has been decreasing steadily over the past 10 years. In the Gaza Strip, the number of births was 38,277 in 2000, with an average CBR (33.6/1000), and 54,442 in the West Bank with an average CBR (32.8\1000). The different Governorate of the Gaza Strip show less variation in the birth rate than those in the West Bank. The birth rate in the Gaza Strip ranges from (37.2\1000) in Gaza City to (30.4\1000) in the Mid-zone. The number of males being born in 2000 is higher than the number of females in all Governorate (MOH, 2001).

1.2.3. Population density

The Gaza Strip is one of the most densely populated areas in the world, and the area with rapid increase of population. The population density is 3867 inhabitants per square km out of the total Gaza strip (364 km). However, fourth of this area is still occupied by the Israeli settlers (PCBS, 1998). Density rate is about 3161 inhabitants per one square kilometer in the Gaza Strip. Actually, it must be taken into consideration that significant part of the

1.2.2. Births

The Palestinian Central Bureau of Statistics estimates in its reports a visible decline in the crude birth rate in the last five years. The crude birth rate (CBR) of the population in the Gaza Strip was 54.7 per 1,000 and 50.1 per 1,000 in 1990 and 1998 respectively (PCBS, 1998). Despite the progressive decline over the years in CBR, it is still high in Palestine compared to other countries. Crude birth rate declined from 46.5\1000 in 1995 to 34.5\1000 in 1998 and 33.2 in 2000 (MOH, 2001). According to the MOH data, the total number of reported births in Palestine was 92,719 in 2000 where it has been decreasing steadily over the past 10 years. In the Gaza Strip, the number of births was 38,277 in 2000, with an average CBR (33.6/1000), and 54,442 in the West Bank with an average CBR (32.8\1000). The different Governorate of the Gaza Strip show less variation in the birth rate than those in the West Bank. The birth rate in the Gaza Strip ranges from (37.2\1000) in Gaza City to (30.4\1000) in the Mid-zone. The number of males being born in 2000 is higher than the number of females in all Governorate (MOH, 2001).

1.2.3. Population density

The Gaza Strip is one of the most densely populated areas in the world, and the area with rapid increase of population. The population density is 3867 inhabitants per square km out of the total Gaza strip (364 km). However, fourth of this area is still occupied by the Israeli settlers (PCBS, 1998).

Density rate is about 3161 inhabitants per one square kilometer in the Gaza Strip. Actually, it must be taken into consideration that significant part of the

territory of the Gaza Strip is still occupied by the Israeli settlers. Therefore, the actual density rates are higher than the estimated figures (MOH, 2001).

1.2.4. Maternal mortality rate (MMR)

The non accurate diagnosis causes of maternal deaths and defective reporting are continuous problems in both the Gaza Strip and the West Bank, where the health professional needs to pay more attention to determine the underlying cause of death among women in the age group between 15-49 years old. A study conducted in the Gaza Strip in 1998 determined MMR in 1998 at 42 per 100,000 live births among women aged 15-49 years (MOH, 2001). It is noticed that maternal mortality among the age group 15-19 was 104 which is considered high in comparison with other age groups according to a survey carried by PCBS in the West Bank and Gaza Strip (PCBS, 1996).

Maternal Mortality Rate (37.3) divided by Age group in the West Bank and Gaza Strip according to the report of PCBS in 1996.

Age Group	Maternal Mortality Rate Per 100,000
15-19	104
20-24	74
25-29	66
30-34	75
35-39	77
40-44	84
45-49	87
50-54	152

Chapter 6

Conclusions and Recommendations

6.1 Conclusions:

Adults such as parents and teachers may know little about reproductive health or have incorrect information about reproductive health and family planning to give it to adolescents. Meeting the reproductive health needs of adolescents requires not only providing services needed, but also changing attitudes, building understanding and educating adolescents about young people's reproductive health needs.

The conclusion of this study can be summarized as follows:

Most of girls have heard of Reproductive Health and Family Planning but some of them did not hear of the concept of reproductive health which reflect good knowledge of the concept while there is lack of awareness with others.

Highest percentage of female adolescents have defined the reproductive health and family planning comprehensively while some of them can't which reflect good knowledge the definition of the concept of reproductive health and family planning.

The main sources of reproductive health and family planning information of female adolescent were radio and TV, teachers and schools, brochures and leaflets but the lowest main of sources health providers, parents, friends and non profit organization. The sources of information give future vision for planning to improve knowledge and implementation programs for them.

Female adolescents were great support of the idea of adding subjects related to reproductive health and family planning to the educational curriculum in early

stage of adolescent according to their psychological, mental and social development.

Approximately all female adolescents agree on pre-marriage counseling that reflect needs of knowledge of reproductive health.

The relationships between the spouses as well as sexual health issues were identified as priority subjects that need to be in pre-marriage counseling.

More than half of the study populations agree on consanguineous marriage which consider more than the prevalence of consanguineous marriage among Palestinian community.

Most of girls have known about some contraceptive methods as pills and I.U.D while some of them didn't know any kind of contraceptive methods.

Adolescence stage was identified as the most important stage of life that needs a proper diet of the girl that reflect either good knowledge of nutrition or the needs of good diet in adolescent stage.

Most of female's adolescents agree on the importance of antenatal care which reflect more possible future practice in antenatal care.

Female's adolescent reinforced the early marriage by considering the ideal age for marriage is 15-19.

No gender preference to have children in the future family, which may be affected by social pressure in the practical life.

Most of female's adolescent plan to use contraceptive methods in future

6.2. Recommendations

Develop capacity of female adolescents in regards to RH/FP through :

Increasing their knowledge about reproductive health

Increasing their access to reproductive health information resources

Improving communication among family members

Enhancing the ability of the girl to negotiate and take a decision as far as her education and marriage are concerned

Reproductive health education programs

Comprehensive reproductive health programs should provide female adolescents with the information about menstruation, marriage, contraception as well as sexual health issues and not only to cover biology and anatomy of reproduction.

Reproductive health research

Additional research on adolescents is needed on Knowledge, attitude, and practice among married female and male adolescents especially in the rural areas where there is a lack of RH\FP information and services.

To develop Information, Education and Communication (IEC) Strategies

A. School education program

A curriculum development committee has to develop relevant educational materials. RH and FP messages have to be developed by the committee and to be published in the form of booklets. These materials will be integrated into school textbooks at the national level. There is a need to develop the "Guidelines on adolescents' Reproductive health " .

B. Awareness programs through T.V for teachers and parents:

Developing special program for teachers and parents through T.V and radio in order to increase their role in discussion of reproductive health subjects with their female children.

C. Training of communicators and health care providers on IEC

Special training on RH and FP has to be organized for schoolteachers for them to serve as trainers in conveying necessary and correct information to parents.

A booklet containing important issues on reproductive health and family planning has to be developed.

Religious influence

Religious leaders have to make their contribution to changing attitudes and practices towards RH and FP among community members by raising some of acute issues related to RH\FP, such as early marriage, consanguineous marriages, violence against girls and marriage by force, during certain public occasions, e.g. Friday prayers, etc.