



# Paving the Path to Improved Adolescent Sexual and Reproductive Health Bangladesh



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## Background - Bangladesh

- Young population (31% <15 years)
- Rapid urbanization → high slum population
- High prevalence of child marriage (66%) and early pregnancy
  - Adolescent fertility is 25% of TFR
- Maternal mortality leading cause of death among adolescent girls
- Low use of SRH services

# **Mixed Methods Study**

**September, 2013 – February, 2014**

- Literature review and donor survey
- Quantitative arm
- Qualitative arm

## Household (HH) survey

- Survey included 320 married girls aged 15-19 across four slums
- Majority (70%, n=224) reported being 18 or 19 years old

Age of girls	% of sample
15	7.2%
16	8.4%
17	14.4%
18	32.5%
19	37.5%

# Qualitative research

- **In-depth interviews (IDIs):** n=16
  - 8 married, 8 unmarried, 2 slums
  - Girls 15-19
- **Focus group discussions (FGDs):** n=4, two FGDs with young married men and two with young women, 18-24 years old
- **Key informant interviews (KIIs):** n=10
  - Clinic staff and traditional healers



# Marriage

- Average age of marriage =15.2 years
  - Girls completing primary education significantly less likely to have married before age 13
  - Girls with mothers with 6+ years of education significantly less likely to have married early

Age at Marriage	% of sample
Up to 13 years	18.4%
14-15 years	37.2%
16-17 years	35.3%
18 or more years	9.1%
<b>Average age at marriage</b>	<b>15.2 years</b>
<b>Percent married before 18</b>	<b>90.9%</b>

# Marriage

- Mixed reports of how girls met husbands
- Most married girls unhappy in marriage



*“I was fated for suffering...”*

*“I want to do my job. Why are you forcing me to get married?”*

# School

- 20% had no education
- 54% schooled up to Class 7
- Main reason for dropout was poverty
- In some cases, girls' fathers' refusal
- Some girls preferred work to school

Years of schooling	% of sample
No education	19.4%
<5 classes complete	22.2%
5-7 classes complete	31.3%
8-9 classes complete	22.7%
10 or more classes complete	4.4%



## Work

- 40% had not worked in past year
- Nearly 30% currently working in garment industry

Employment	% of sample
Not worked in last yr	40.0%
Currently not working	18.8%
Garment industry	29.4%
Other private sector	1.3%
Self-employed/ small business	10.6%

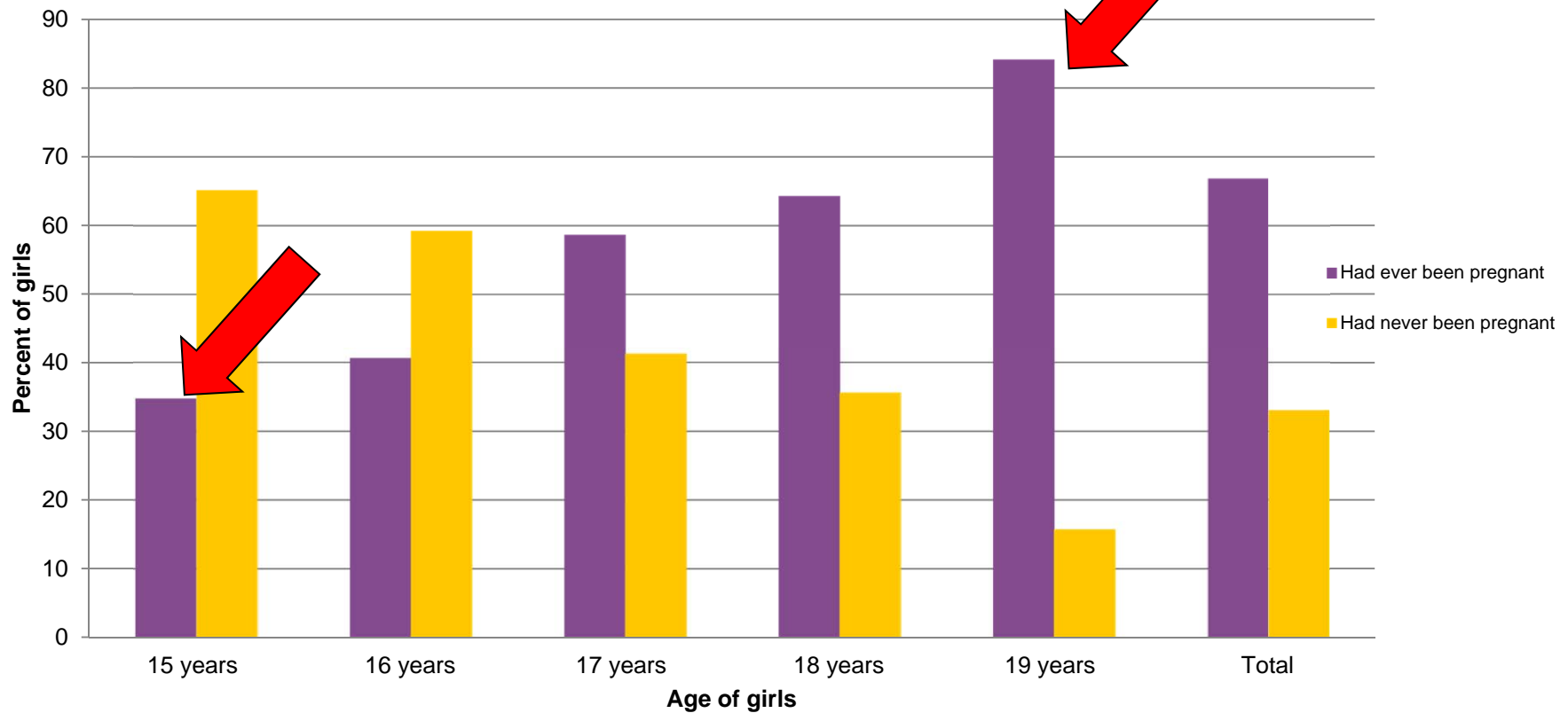
# Pregnancy

<b>Pregnancy/Births</b>	<b>% of sample</b>
Never been pregnant	33.1%
Ever pregnant, not given birth	10.9%
Had at least one child	51.8%



# Pregnancy

Pregnancy History - Married Girls in Four Dhaka Slums (n=320)

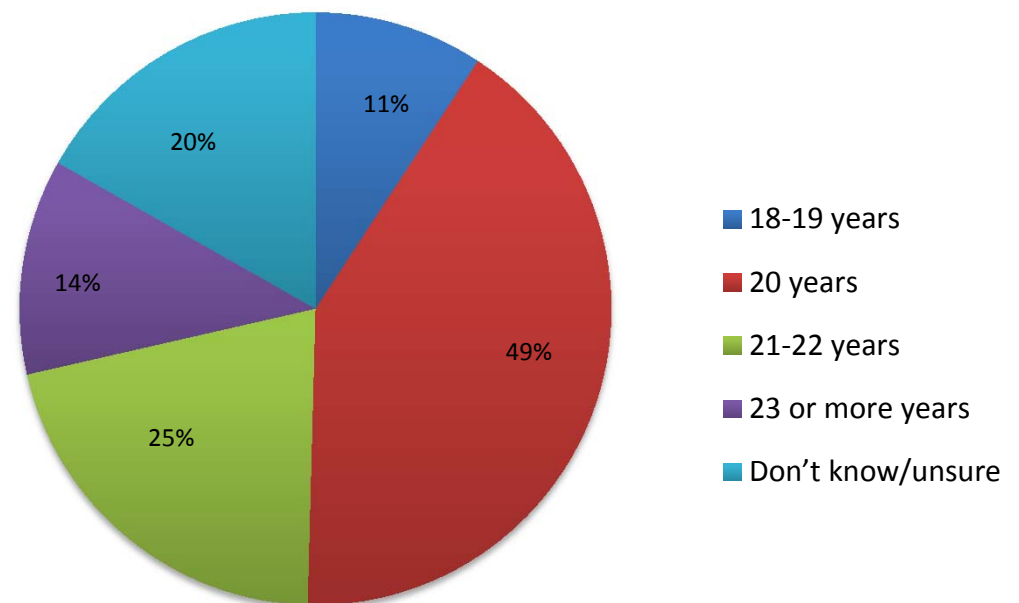




# Fertility Intentions

- Majority of married girls with no children (83%) wanted two children
- Majority thought girls should be at least 20 before first pregnancy
- Ideal spacing between children was 5 years

Ideal age of first pregnancy



# Contraceptive Knowledge

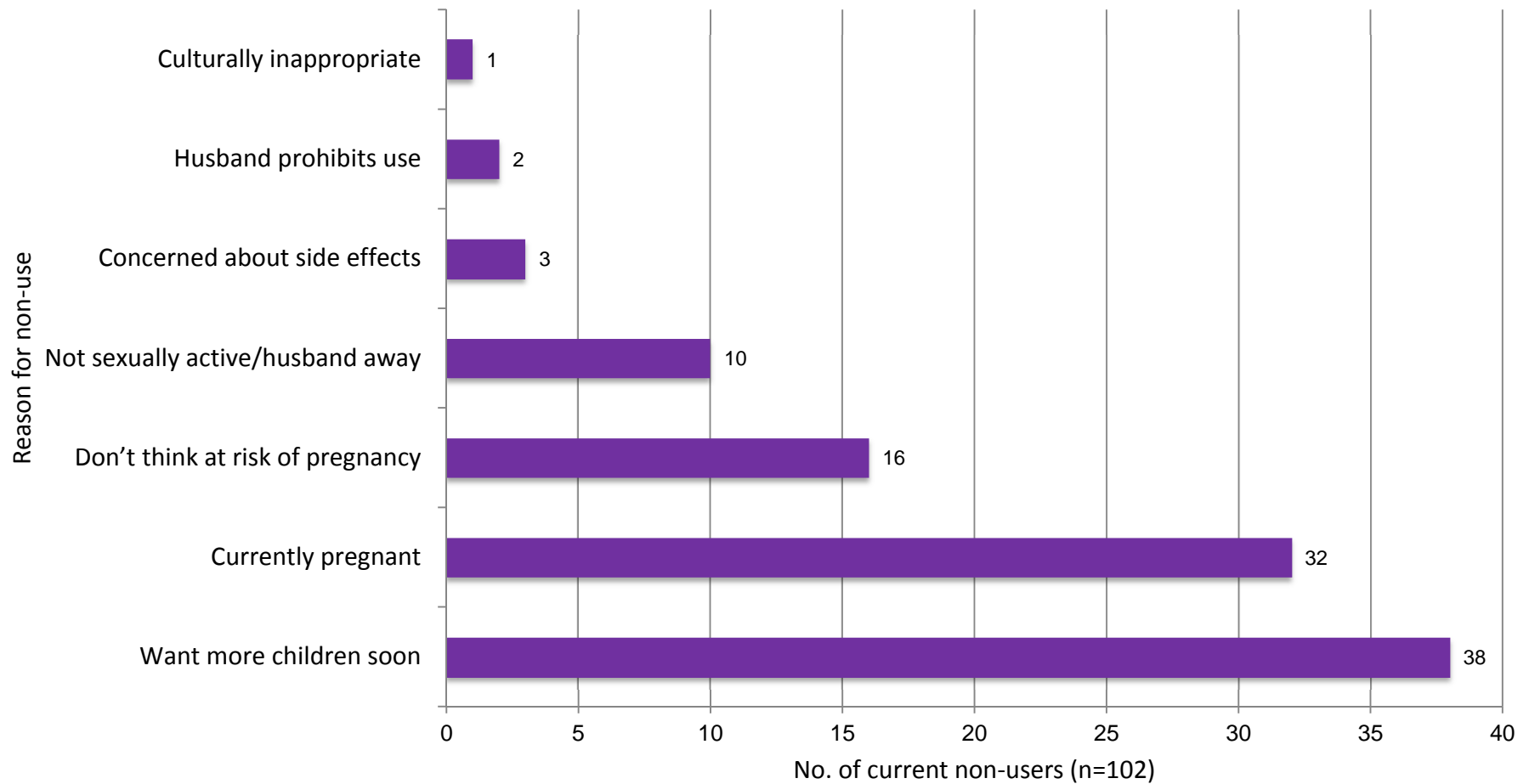
Method	Spontaneous knowledge (%)	Spontaneous or probed knowledge (%)
<b>Any method</b>	98.8	100
<b>Modern methods</b>		
Female sterilization	9.4	68.8
Male sterilization	1.9	40.3
Pill	96.9	100
IUD	4.7	39.7
Injectables	65.3	99.1
Condom/ <i>Nirodh</i>	43.1	95.6
Emergency contraception	0.3	10.6
Other modern method*	19.1	72.2
<b>Natural methods</b>		
Rhythm/periodic abstinence	3.4	60.2
<b>Total Number of Married</b>	<b>320</b>	<b>320</b>

# Contraceptive Use

- 61% using modern contraception
  - Mostly pill or injectables
- 6.6% using traditional methods
- 32% not using a method



# Reason for non-use of contraception



# Menstrual Regulation and Abortion

- In the HH survey, few reported MR (n=8) or miscarriage or abortion (n=22)
- In qualitative, mixed reports of prevalence of MR and abortion
- Significant stigma around abortion



*Well, dirty people go to have abortion or else they dispose  
of their children in an orphanage.  
(Unmarried 17 year-old girl)*



## STI/RTIs

- No reports of HIV/AIDS amongst the 320 girls
- 44% had ever experienced an STI/RTI
- Most reported concern was white discharge, followed by menstruation-related complaints
- Very low fertility awareness

# Pregnancy and childbirth

- Majority (76%) of girls received some ANC during last pregnancy
- 70% of girls who have given birth delivered at home
  - Not delivering in a health facility was “not necessary/not customary” (67%)
  - Younger girls and girls with more education more likely to have institutional delivery



# Barriers to seeking SRH services

*The main problems facing adolescent girls in accessing SRH services is **embarrassment, superstition, lack of knowledge, and the obstacles posed by older family members.** (UPHCSD Service Promoter )*



*With Allah's blessings, I did not have to go to do the monthly checkups (for prenatal care)... I always wanted to have **my dignity intact.** I was happy to have my birth delivery happening at home. I did not want to go to the hospital.  
(Married 19 year-old girl)*



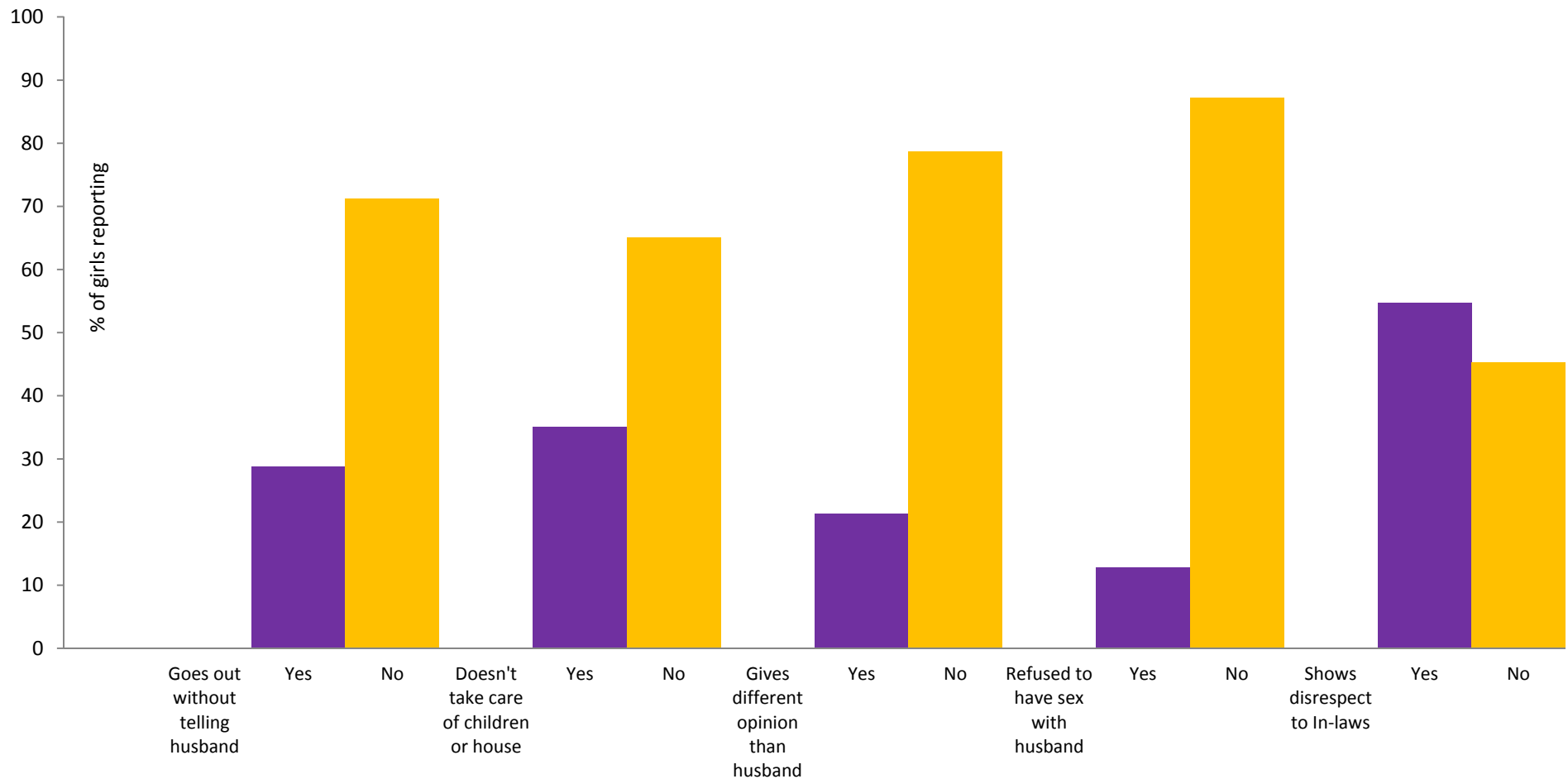
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# Gender-based violence

## Husband is justified for beating/hitting wife if she....





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# Recommendations

- Basic fertility awareness education
- Clarification re SRH for unmarried adolescents.
- Legal age at marriage should be enforced (birth/civil registration critical)
- Encourage secondary education for girls
- Programs and campaigns to change gender norms
- Enforce laws re. sexual violence; increase community engagement to end GBV
- Work with garment industry to provide SRH information and services in factories

# ***Adolescents and Family Planning: What the Evidence Shows***





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**THANK YOU!**

## Areas for future research

- Men and boys
- Elders and parents, especially older women
- Service providers in the informal sector
- Unmarried adolescents
- Adolescents girls
- Adolescents in the workplace







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## Gender norms

- **Girls education:** The majority of girls (85%) reported that they wanted to educate their sons and daughters equally
- **Age at marriage:** Median ideal age of marriage for a girl was 18 and for a boy was 22 years
- **Dowry:** 40% (n=128) of married girls paid dowry
- **Decision-making:** Husband seen as main decision-maker for decisions about girls' health care and natal home visits
- **“Bad” girls:** “Bad” girls get sexual and reproductive health problems, have abortions, and get eve teased and raped.