Original article

Status of Female Adolescents Living at Rajshahi Slum in Bangladesh

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Abstract:

Objective: To avoid the social consequences of unplanned pregnancy, transmission of STIs and HIV/AIDS, adolescents need to be awaked of their reproductive health. That is why; the study is aimed to know the present status of adolescents in terms of socio-demographic and menstrual management status living in slum areas of Rajshahi City Corporation (RCC), Bangladesh. ***Materials and methods:*** The data for this study were collected purposively in 2012 from 200 girls aged 10-19 who were slum living at RCC using a pre-designed questionnaire. The purpose and importance of this study were explained to the respondents before participating in this study. ***Results and discussion:*** The result showed that 64% of the respondents were in the group of 18-19 years. Around 9.5% of the adolescents had never gone to school. The maintenance of hygiene during menstruation is a vital aspect of adolescent reproductive health. But the result showed that about 94% of the respondents answered that they do not know the underlying reasons for what menstruation occurred. Only 5% of the respondents maintained some form of hygiene measurements (pad or clean cloth) during the onset of their menstruation. The result also indicated that 24.5% of the respondents felt physical illnesses during their menstruation. ***Conclusion:*** The authority should commit to ensuring that the needs, challenges, aspirations, vulnerabilities and rights of adolescents, especially for girls, are fully considered in this new development agenda. Keeping this in mind, adolescent friendly health services should be ensured by arranging special hours or special days for them, orienting and providing training to healthcare providers on how to counsel adolescents.

Key words: reproductive health; adolescents; socio-demographic; menstrual management and slum

DOI: http://dx.doi.org/10.3329/bjms.v14i1.21221
Bangladesh Journal of Medical Science Vol. 14 No. 01 January'15. Page: 79-84

Introduction:

There are 27.7 million adolescents aged 10-19 in Bangladesh; 13.7 million girls and 14 million boys, making up about one fifth of the total population[1]. It is a significant period of human growth and maturation which shapes the future of girls' and boys' lives. This physical growth is determined by many factors: genetic, hereditary, nutritional and behavioral factors like dieting[2].

The adolescents stood about 1.2 billion in 2011 constituting 18% of the total world population. About 90% of the adolescents live in developing countries and nearly 62% in 25 Partners in Population and Development (PPD) member countries[3]. According to WHO and UNFPA reports, 2012, over 30% of adolescent girls in developing countries was married before 18 years and about 14% before the age of 15. Another 3.2 million undergoes unsafe abortions[4]. Many of the estimated teenage girls who gave birth each year never had the opportunity to plan their pregnancy. While adolescent marriage is a human rights abuse, it also presents a formidable threat to

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adolescent girls' lives, health and future prospects.

In terms of sheer numbers, these young people have tremendous demographic significance. In addition, they are at a stage associated with an increased likelihood of sexual activity and thus, at an increasing risk of contracting sexually transmitted diseases (STDs), including human immune deficiency virus/acquired immuno-deficiency syndrome (HIV/AIDS), if they practice unsafe sex.

National laws and policies, the level of government commitment to meeting obligations under human rights instruments and treaties, the extent of poverty or deprivation and political stability can all influence whether a girl becomes pregnant. These determinants are beyond an adolescent's or any individual's control, yet they can have a tremendous impact on how much power a girl has to shape her own future and realize her potentiality.

The social context of Bangladesh disregards sexual relationships outside marriage. This context at the same time leaves the impression that premarital sexual relationships are unlikely among adolescents. A survey completed by the Population Council, Bangladesh shows that this assumption may be incorrect as over 40% and 20% of urban and rural males respectively are sexually active prior to marriage or before the age of 19 years[4]. The prevalence of sexually transmitted diseases (STDs) is mainly determined by high-risk sexual behaviors. The information given in the above study is alarming and has

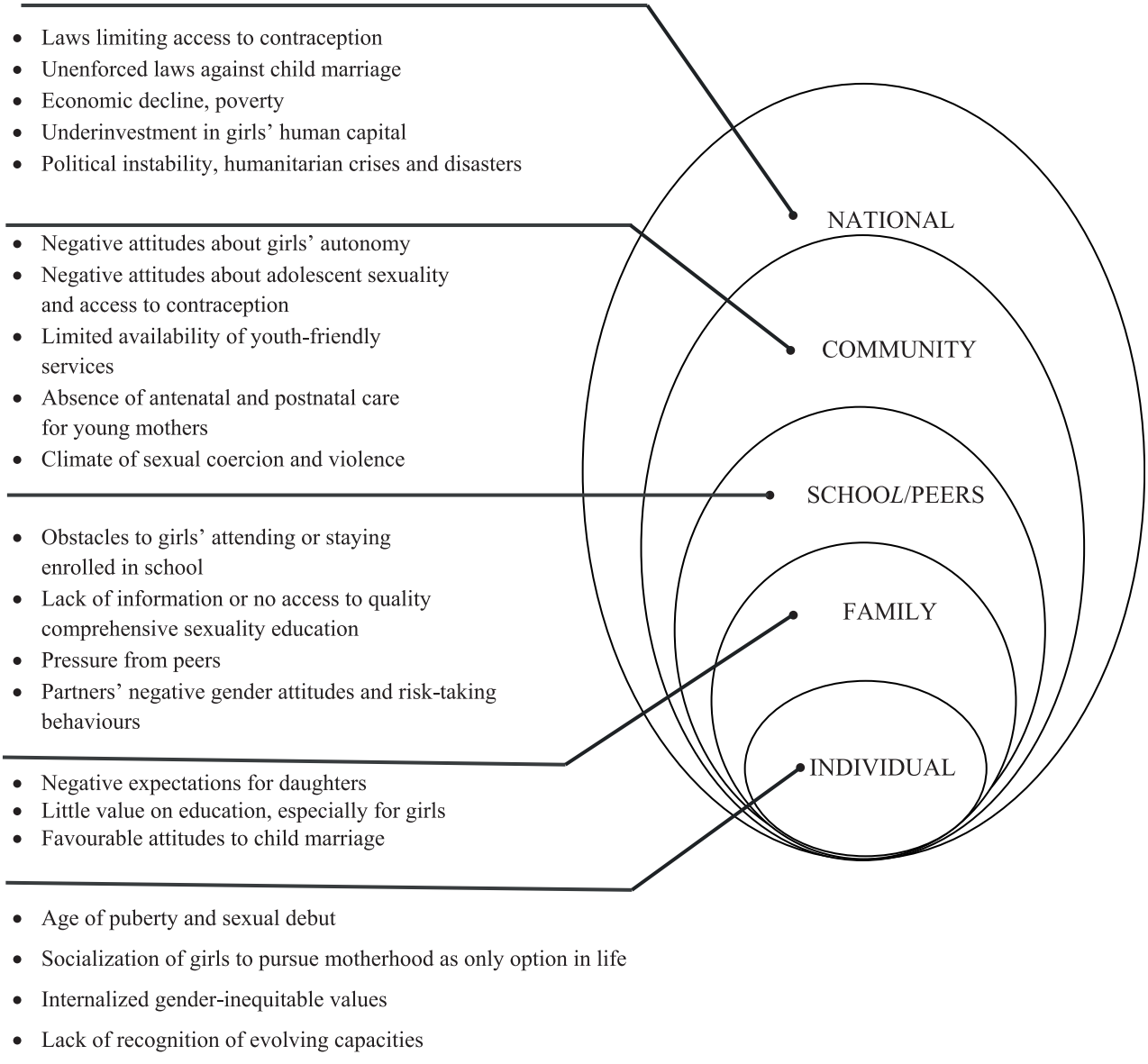

Figure 1 : Determinants of Adolescent Pregnancy : An Ecological Model6.

direct relevance to the emergence of HIV/AIDS in Bangladesh. The level of risk among youths for HIV/AIDS is reflected in data of the national HIV surveillance, which reports that 55% of patients with sexually transmitted infections (STIs) identified, was aged less than 24 years[5].

Considering the significance of adolescents, the International Conference on Population and Development (ICPD), held in Cairo in 1994, identified adolescents as a priority target group and urged all government and non-government organizations (GOs & NGOs) to address reproductive health (RH) needs of adolescents. However, very limited efforts have been made to address the adolescent RH issues till now.

Under the current Health and Population Sector Program (HPSP) of the Government of Bangladesh (GoB), adolescents have been identified as an underserved priority target group. Adolescent health has been included as a part of the Essential Services Package (ESP), and a separate program titled "Maternal Nutrition and Adolescent Health" has been created to deal with the adolescent health issues. Similarly, under the current National Integrated Population and Health Program (NIPHP) of the United States Agency for International Development (USAID), both Rural Service Delivery Partnerships (RSDP) and Urban Family Health Partnerships (UFHP) have initiated health programs for adolescents.

The effects of globalization, rising age at marriage, rapid urbanization and greater opportunities for socialization in Bangladesh have heightened the risk of STIs, HIV/AIDS and unwanted pregnancy. Therefore, to avoid the social consequences of unplanned pregnancy, transmission of STIs and HIV/AIDS, adolescents need to be awaked of their reproductive health. However, cultural and programmatic barriers inhibit the provision of RH information and services to adolescents. Considering the vulnerable situation of adolescents as a part of the multi-country study, a study was conducted in northwestern part of Bangladesh with an aim to know the present status of adolescents in terms of socio-demographic and menstrual management status living in slum areas of Rajshahi City Corporation in Bangladesh.

Methods and materials:

The study is descriptive in nature. For this, the data were collected in 2012 from slum areas of Rajshahi City Corporation (RCC), one of the divisional cities of Bangladesh. Two hundred girls aged 10-19 were selected using purposive sampling technique and successfully interviewed to collect quantitative information using a pre-designed questionnaire to fulfill the objective of this study. The girls aged 10-19, who were found on the day of survey in these areas, constituted the study population. The purpose and importance of this study were explained to them before participating in this study. Verbal consent was taken and they were told that their participation was voluntary and had the liberty not to answer all or any part of the questionnaire. They were assured that the information will be kept confidential and will be used only for research purposes. The questionnaire covered mainly some common background information such as age, sex, educational status, religion etc.; some common modern facilities access to as electricity, television, radio etc.; some common information related to menstruation, and some STIs related. The collected data were then coded & edited and, thereby, well know statistical tools as frequency and percentage distribution were performed using the software - Statistical Packages for Social Sciences (SPSS)-16.0.

Results and discussion:

In Table 1, the socio-demographic characteristics of the adolescents were presented in terms of age, grade of schooling, marital status, age at marriage, occupational status, source of drinking water, place of birth and type of family.

Ages of the adolescents in this study were categorized into three groups as 10-14 years, 15-17 years and 18-19 years. These groups were also termed respectively as early stage, middle stage and late stage of adolescence to be identified their development. However, the results showed that the greater part of adolescents (64%) fell in the age group of 18-19 year. Another two age groups 10-14 year and 15-17 year consisted the adolescence of 26.5% and 9.5% respectively (Table 1).

Education has the potential to empower adolescents through equipping them with required information and knowledge. It also makes them advantageous to healthy life choices and increases their ability to use resources and access to services. From Table 1, it was revealed that around 9.5% of the adolescents had never gone to school, about 18% did not complete the primary level of education, 24.5% completed the primary level, and 39% did not complete the secondary level. Only 9% of the adolescents completed the secondary and above level.

Around 68.5% of the respondents were married. Of

them, 25% and 38% were married before reaching the age of 15 year and 18 year respectively. Only 8.5% were got married between the age of 18 and 19 year (Table 1).

Regarding occupation of the respondents, 30% were students, 61.5% were housewife and only 8.5% were engaged in some sorts of activities for which they were to be paid (Table 1).

Though the study was conducted in a city corporation area of Bangladesh, it was observed that very little portion of population (only 8.5%) had the access to supply water as the source of drinking water whereas the majority of the respondents (91.5%) used tube well as a source of drinking water (Table 1).

The results also showed that about 19% of the adolescents were born in village but currently they are living in city areas but at the same time, the results also indicated that 81% of the respondents were born in city areas (Table 1). From Table 1, it is showed

Table 1: Socio-demographic Characteristics of the Respondents

Characteristics	Number of Respondents	Percentage
Age (years)		
10-14	19	9.5
15-17	53	26.5
18-19	128	64.0
Grade of Schooling		
No Schooling	19	9.5
Primary Incomplete	36	18.0
Primary Complete	49	24.5
Secondary Incomplete	78	39.0
Secondary Complete and above	18	9.0
Marital Status		
Married	137	68.5
Unmarried	63	31.5
Age at Marriage		
10-14	50	25.0
15-17	70	35.0
18-19	17	8.5
Occupational Status		
Student	60	30.0
House wife	123	61.5
Paid Worker	17	8.5
Source of Drinking Water		
Tube well	183	91.5
Tap	17	8.5
Place of Birth		
Village	38	19.0
Town	162	81.0
Type of Family		
Nuclear	114	57.0
Combined	86	43.0
Total	**200**	**100**

Table 2: Access of the Respondents to Modern Facilities

Type of Facilities	Frequency	Percentage
Electricity		
Yes	146	73.0
No	54	27.0
Television		
Yes	118	59.0
No	82	41.0
Radio		
Yes	10	5.0
No	190	95.0
Cell Phone		
Yes	175	87.5
No	25	12.5

Table 3: Awareness and Maintenance of Menstruation of the Respondents

Awareness and Maintenance	Frequency	Percentage
Knew Underlying Cause/ Mechanism of Menstruation		
Yes	12	6.0
No	188	94.0
Maintained during First Menstrual Period		
Hygienic Management	10	5.0
Non-Hygienic Management	190	95.0
Maintaining during Menstrual Period		
Hygienic Management	35	17.5
Non-Hygienic Management	165	82.5
Feel any Physical Problems due to Menstruation		
Yes	49	24.5
No	151	75.5

Table 4: Knowledge of the Respondents on STDs

Asked to	Frequency	Percentage
Know Consequences of Unprotected Sex		
Yes	41	20.5
No	159	79.5
Heard about STDs		
Yes	81	40.5
No	119	59.5
Sources to Know on STDs		
Text Book	30	15.0
Radio	1	0.5
TV	29	14.5
Doctor	3	1.5
Workshop	10	5.0
Neibor	1	0.5
BRAC Association	1	0.5
Health Worker	5	2.5
NGO worker	1	0.5
Total	81	40.5
Know the Mode of Spread of STDs?		
Yes	59	29.5
No	141	70.5
Ways to Protect STDs?		
Yes	40	20.0
No	160	80.0
Informed about Sexual Health?		
Yes	32	16.0
No	168	84.0
Have Rights to Know about STDs?		
Yes	184	92.0
No	16	8.0

that about 57% of the respondents were living in nuclear family whereas 43% were in combined family.

The results regarding access to modern facilities in terms of having electricity, television, radio and cell phone in the household are presented in Table 2. It is observed that more than one-fourth (27%) of the respondents had no access to electricity, about 40% to television, 95% to radio but about 87.5% had access to cell phone (Table 2).

In Table 3, results regarding the awareness and maintenance during menstruation were presented. The respondents were asked whether they know the underlying cause/mechanism of menstruation. About 94% of the respondents answered that they do not know the underlying reasons for what menstruation occurred. The maintenance of hygiene during menstruation is a vital aspect of ARH. From Table 3, it was observed that only 5% of the respondents maintained some form of hygiene measurements (pad or clean cloth) during the onset of their menstruation. This figure has risen to 17.5%. The consequences of not maintaining hygiene during menstruation are to suffer from some sorts of problems such as becoming sick, itching or ulceration of genitals etc. The results also showed that 24.5% of the respondent felt physical illnesses during their menstruation (Table 3).

Sexually transmitted diseases (STDs)

The risk of contacting STIs including HIV/AIDS is a major public health concern for adolescents. Knowledge of STIs to adolescents is crucial as their sexual habits are changing rapidly.

The results presented in Table 4 showed that 79.5% of the respondents were unknown about the consequences of unprotected sexual acts. This indicates the vulnerability of adolescent to STIs as they are a consequence of sexual behaviour ? non-use or incorrect use of condoms (UNFPA, 2013). The result also showed that only 40% of the respondents were knowledgeable about STDs such as gonorrhoea, syphilis etc. which is very poor lever of knowledge (Table 4). Kothari *et al*. (2012) recently showed, in a review of demographic and health surveys covered in seven of 35 countries, at least one in five female adolescents between the ages of 15 and 19 who ever had sexual intercourse indicated that they had an STI or symptoms of one in the past 12 months[7]. Regarding the sources of knowledge about the STDs, the results indicated that 15% of the respondents stated text book and 14.5% stated TV as the sources to know about the STDs. About 70.5% of the respondents did not know the mode of spreading of STDs. Only 20% knew the ways to protect from STDs. About 84% of the respondents stated that they were not informed on sexual health, but 92% of the respondent answered that they have the rights to know about STDs which is very interesting result to be mentioned (Table 4).

Conclusion:

The international community is developing a new

sustainable development agenda to succeed the Millennium Declaration and its associated Millennium Development Goals after 2015. The authority should commit to ensuring that the needs, challenges, aspirations, vulnerabilities and rights of adolescents, especially for girls, are fully considered in this new development agenda. Keeping this in mind, adolescent friendly health services should be ensured by arranging special hours or special days for them, orienting and providing training to health-care providers on how to counsel adolescents.

Acknowledgement:

The authors gratefully acknowledge the respondents for their participation in the study.

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