

Operations Research on Improving the  
Quality of Sexual and Reproductive  
Health Programme of Adolescents and Youth:  
**BASELINE**  
*Knowledge - Attitude - Practice SURVEY*  
*(Diagnostic Phase)*

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## **CHAPTER XVI**

### **KEY FINDINGS**

#### **Demographic, Social and Economic Characteristics**

The present study shows relatively high prevalence of early marriage in experimental area. Majority of married boys and girls in both experimental and control areas are in age group 20-24 years. Average age is 22 in both experimental and control areas. Regarding years of schooling, unmarried ones are better-off compared to married ones. As regard to profession, household work is the most prominent one. Like years of schooling unmarried ones are also better-off in terms of household land holding.

Among gatekeepers more concentration is in the age group 48 and above. Average age of parents is 43.8 years in experimental and 41.6 years in control area. Education status of gatekeepers is quite poor in both areas – 4.7 years of schooling in experimental and 4.3 years in control area. There is more dispersion across varieties of occupations in control area compared to experimental area.

Most frequent landholding is 100-249 decimals in both areas, and monthly income is almost similar in experimental (Tk.4630) and control areas (Tk.4530). Average number of sons and daughter each is around 2.

Most of the service providers brought under the survey are HA, FWA, FWV, FPI, and NGO health worker. Their service length in current profession is lot more at upper tiers (upazilla level).

#### **Adolescence and its Characteristics**

Most respondents opined that girls experience puberty at an earlier age than the boys. Almost all reported that no health/FP workers informed them about the physical and psychological changes of the boys and girls during adolescence.

The period of adolescence was considered as important because according to them it was the time of emotional and physical change, socialization, building future life and character.

Around 50 per cent of the respondents could tell the correct legal age at marriage for girls but only around 15 percent could tell the correct legal age at marriage for boys.

Lack of education, social problem, poverty, religious barriers were mentioned as the major causes of early marriage, and maternal mortality and morbidity, malnutrition, abortion were mentioned as its consequences. Almost all the respondents reported that no health/FP workers contacted them to inform about the causes and consequences of early marriage.

## **Human Life and Sex**

A higher proportion of adolescent boys think "love and emotion" as natural than the girls. Boys were reported to be more knowledgeable about the ways of avoiding sex and STDs than the girls. Different ways of avoiding sex and STDs were mentioned by the respondents e.g. using condom, avoiding unsafe sex, following social custom and religious instruction, using disposable syringe, and testing blood before transfusion.

Girls were reported to be less knowledgeable on STDs than boys. Among the gatekeepers, mothers were found to have the lowest level of knowledge on STDs.

Almost all the respondents reported that no health/FP workers informed them about STDs, modes of transmission and prevention of STDs, consequence of premarital sex, menstruation, and mechanism of pregnancy during the last six months.

A large majority of the respondents reported that they considered menstrual blood as polluted. It was found that more respondents think men are responsible for infertility than women.

## **Human Reproductive Organ**

Knowledge about functions of reproductive organs differs among the adolescents and youths of both control and experimental areas. While the experimental areas are more knowledgeable on some issues, the control areas appear more knowledgeable on few issues.

On naming internal and external male sexual organs, experimental areas appear more knowledgeable. On the other hand, on naming internal female sexual organs, control areas appear more knowledgeable while a mixed picture emerge with respect to external female sexual organs.

Knowledge about physical changes among boys is somewhat mixed in both control and experimental areas. The same is true for knowledge about physical changes among girls.

Health and family planning workers visitation and teachings are more available in control areas than in experimental areas.

## **Sexual Behavior**

Knowledge about normal sexual activities is quite there among all the groups of both experimental and control areas. However, the control areas know better than the experimental areas. Again, knowledge about abnormal sexual activities like oral sex is more known to the control areas but anal sex is more known to the experimental areas, masturbation is more known in the control areas than experimental area, homosexuality, on the other hand is more known to the control areas than experimental areas. Therefore, while a uniform picture emerge about normal sexual activities, a mixed picture appear about abnormal sexual activities. The pattern of response get much more complex once the respondents are prompted.

Knowledge about effect of abnormal sexual activities is more pronounced in the control areas than experimental areas. Highest amount of knowledge about oral sex in control area and lowest amount on homosexuality in the experimental areas. Knowledge about indulgence of homosexuality among boys and girls is more in control areas than in experimental areas.

The gatekeepers of experimental areas are more knowledgeable about rape, while the same of control areas are more knowledgeable about sexual molestation. Sexual harassment is more known to the experimental gatekeepers than control gatekeepers. On the other hand, control area gatekeepers are more knowledgeable about softer type of sexual acts like exhibitionism, eve-teasing and obscene phone call.

### **Sexual Behavior**

About life cycle, unmarried adolescents possess better understanding compared to married ones. This is true in both experimental and controls areas. Gatekeepers lag behind in this respect. Population as a problem is also perceived by a high proportion of adolescents (90% +). Although use of contraceptives for minimizing population is supported by high proportion of adolescents, but very few of them were told by FP/Health worker about it.

Very high proportion of gatekeeper think that, sexual behavior plays role in determining attitude and values of life.

Gatekeepers also realize population problem particularly in connection with food and nutrition, land and accommodation. High number of service providers also endorsed the above opinion.

Most commonly known contraceptive methods among adolescents are oral pill and condom.

### **Misuse of sexuality and evil effects**

All the categories of respondents of both control and experimental areas are uniformly informed about misuse of sexuality – married boys of experimental areas and married girls of control areas being most knowledgeable. Spontaneous responses on variety of misused sexuality reveals that rape, sexual molestation and sexual harassment is more known to the experimental areas than in control areas. Again, exhibitionism and eve-teasing is more known in the control areas than experimental areas.

It appears that harder sexual acts of offending nature is more known to the experimental areas while softer ones are known to the control areas.

While rape has been experienced by some unmarried boys of control areas, sexual molestation, exhibitionism and eve-teasing have been experienced by some boys and girls in both the areas.

Evil effects of sexual acts in the form of STD is more known to the control areas than in experimental areas. However, commercial sex and illegitimate pregnancy reported more in the experimental areas than control areas.

Health workers teachings on the above issues is more available in the control areas than in experimental areas, though the frequency of visit is very low.

The gatekeepers of experimental areas are more knowledgeable about the presence of commercial sex and STDs. Again, among the gatekeepers, the community leaders are most knowledgeable followed by mother and father.

### **Alcoholism, Drug Abuse and Smoking**

Use of drugs in smoking and drinking is more or less known to the adolescents. Most frequently cited reasons are frustration, familial unrest, tension, mixing with bad people. As remedial

measures, imposition of law, social awareness, govt. and social steps are recommended. Lack and shortage of information was mentioned by many. The above views are also hold by gatekeepers and service providers

### **Primary Health Care**

**Antenatal care** was reported necessary by two-thirds of the adolescent, youths, and gatekeepers. The married girls were found to be more knowledgeable in this regard. Adolescents, youths and gatekeepers mentioned MBBS doctor, Nurse, FWA, NGO workers as appropriate persons to provide ANC.

**Delivery care** was reported as necessary for pregnant women by one-third to half of the adolescents, youth and gatekeepers. Regarding appropriate persons to provide delivery care, the persons most frequently mentioned by adolescents, youths and gatekeepers were TBAs, followed by MBBS doctors and nurses. Higher proportion of parents preferred 'TBA', and community leaders preferred 'MBBS doctor' and 'nurses' for delivery care.

One-fourth to half of the adolescents and youths reported that **postnatal care** is needed. The gatekeepers were found to be more positive in this issue. According to one-fifth of the adolescents and youth, and a much higher proportion of gatekeepers 'MBBS doctor' is the appropriate person for providing postnatal care. The other persons supported by a much lower proportion of them were FWV, medical assistant, FWA etc.

The most common **antenatal advice** the respondent adolescents, youths and gatekeepers reported was 'rest' and 'food'. The other antenatal advice reported by a lower proportion of respondents were medication, cleanliness, TT immunization, avoid carrying and hard work, travel etc.

Around half of the adolescents and youths mentioned 'nausea and vomiting' as **sign of pregnancy** and 'cessation of menstruation' was known to one-fourth of them.

More than two-thirds of adolescent, youth and gatekeepers were not aware of the **5 danger signs of pregnancy**. The gatekeepers specially community leaders reported to be more aware of the danger signs.

Although the felt need for **TT immunization** during pregnancy was almost universal, half of them were unaware of numbers of TTs required for 1<sup>st</sup> pregnancy. Married girls and fathers were found to be more knowledgeable regarding TT in pregnancy. Only one-sixth of adolescents, youths and gatekeepers were aware of 5 TTs for whole life immunization.

The need of **immunization** was felt by almost all the respondents. However, the six diseases for immunization of children were not known to higher proportion of respondents (16 to 63%).

The **safe minimum height of women for pregnancy** was known to only one-fourth of the respondents. The minimum age for safe pregnancy was reported as 20 to 25 years by more than two-thirds of the adolescents and youth, and a higher proportion of gatekeepers.

The respondents were positive regarding importance of **personal hygiene** for maintenance of good reproductive health.

Night blindness as effect of **vitamin A deficiency** was known to only half of the respondent. Around one-third of them were aware of the fact that egg, milk, vegetable and pumpkin 'should be given to prevent night blindness in children. The community leaders were found more knowledgeable in this regard.

More than three-fourths of adolescent and youth felt that **iodine is important for human body**. Only one-third of the gatekeepers from experimental area and a lower proportion of them from the control area reported 'goiter' as an effect of iodine deficiency. A minor proportion of them also reported 'physical disability', 'birth to low weight baby', 'abnormal child', 'mental retardation' etc. The community leaders were more knowledgeable in this regard. Almost half of the adolescents, youth and gatekeepers from experimental and one-third of them from control area reported the need for 'intake of iodized salt' for prevention of iodine deficiency. More than two-thirds of community leaders were in favour of iodized salt.

**Cleanliness, sanitation and safety of water** was regarded as important by almost all the respondents. One-fourth of them reported river and flood water as unsafe. Three-fourths reported 'boiling' as the proper method to ensure safe drinking water.

Knowledge of **use of oral saline** for management and treatment of **diarrhea** was almost universal. However, proper cause of worm infestation was known only to 5 to 10 percent of the adolescents, youths and gatekeepers. Regarding the causes of **malnutrition** in children one-third to one-half of the respondents reported 'scarcity of nutritious food', 'low supply of food' etc.

Although almost all the respondents were aware of **eye infection** only 8 to 21 percent of them were aware of its prevention through maintenance of cleanliness. Accordingly, **ear infection** was known to almost all of them and its prevention through 'cleaning of ear' or 'avoiding introduction of water into ear' was known to one-fourth to one-half of the respondent adolescents, youths and gatekeepers.

The **medical emergencies** mentioned by the respondents were cut injury, fainting, burn, fracture drowning, street accident etc. Although one-half to three-fourths of them reported of awareness of management of emergencies a low proportion of them reported that they had been informed by any health or NGO workers, in this matter.

The response was low regarding information on antenatal care, danger signs of pregnancy, child immunization, personal hygiene, vitamin-A deficiency, iodine deficiency, safe water, diarrhea, worm infestation, menstruation, and ear and eye infection.

### **Access to Information and Health Care Services**

Although a very high proportion of adolescents support every body's right on access to information on SRH but a negligible proportion of them were informed about it. Parents, elderly and community leaders are identified as barriers for getting information on SRH. Similar views are also hold by gatekeepers and service providers. Regarding access to SRH services, adolescents mostly know MBBS/NGO doctors, MA/SACMO, FWV as persons and District hospitals, medical college hospitals and pharmacy as places. However, report visit status was low.

Similar views as above are also hold by gatekeepers.

## Service Delivery for the Adolescents and Youths

In experimental area, about half of the service providers from village and union levels reported that, there are some **organizations**, who **implement SRH service** for the adolescents and youth. The major organizations providing service were FPAB, UFHP, BRAC, Thengamara etc. In control area, comparatively lower proportion of service providers reported of existence of some organization for service delivery to the adolescents and youths. The upazilla level service providers mentioned the existence of organizations as Proshanta and Sagarika, in addition to those mentioned above. The major activities reported in this regard were reproductive health care orientation, primary health care orientation, and STD/AIDS prevention and treatment. The responsibilities mentioned by them were 'aware people/motivation', 'health education', 'referral', 'provision of health service' etc.

As for the **specific activities with adolescents and youths**, between one-fourth to one-half of the service providers reported that they discussed the issue of 'body physiology' among adolescents and youth. According to one-third of the village level service providers of experimental area the frequency of discussion during the last 6 months was 1 to 10. The response was almost the same regarding the issues like sex organs of male and females, functions of reproductive organ, physical changes during puberty, and menstruation. A lower proportion reported of discussing 'pregnancy during adolescent age', 'unwanted pregnancy', 'sexually transmitted diseases' and 'AIDS'. 'Nocturnal emission' and 'sexual intercourse' were the most neglected among the issues. Service providers gave more importance to 'family planning' and 'contraceptive use'. Except contraceptive use 'and 'family planning', the frequency ranged between 1 and 10 in almost all the issues. From one-fifth to one-half of them reported of having discussion about other primary health care issues during the last 6 months. In almost all the issues the frequency of discussion was limited from 1 to 10. However, almost all of them (except upazilla level of control area) reported that they had discussed about 'diarrhoea'.

As to the **activities with gatekeepers**, less than one-third of the service providers from village and union levels reported that they had discussed with parents, in-laws or community leaders during the last 6 months and the frequency of discussion ranged between 1 and 10 in majority of the cases. The issues discussed by one-half to more than three-fourths of the gatekeepers were 'family planning and contraceptive use'. 'sexual behaviour of adolescents', 'misuse of sexuality', 'sexually transmitted diseases', 'pregnancy and its care during adolescents', and 'unwanted and risk pregnancy' were the less discussed issues.

During the last 6 months, none of the service providers reported of providing counseling to adolescents and youth on developing **negotiation skills** required to avoid pre or extra marital sexual act.

Provision of supportive services to the victims of **violence against women** was a rare event and the frequency was limited to 10 during the last 6 months.

One-fourth to one-half of the service providers reported that they provided information on **harmful practices** such as dowry, battering and child marriage to the adolescents and youth during the last 6 months. The frequency of provision of information was limited to 10 in almost all the cases.

## **Training and Orientation of the Adolescents and Youths**

Almost three-fourths of the respondent service providers from village, union and upazilla levels reported that they had received some training related to adolescent and youth. Family planning, STD/AIDS, ESP, nutrition, EPI etc. are the topics covered in the training. Only 7 to 29 percent of the service providers also reported that they had received some information on sexual behavior of adolescents from any media or source during the last 6 months. Around one-fourth of the service providers from union level reported of receiving some information on 'misuse of sexuality' during the same period.

Around one-third of the respondent service providers from village and union level reported of receiving information on 'family planning and contraceptive use'. A lower proportion of service providers also reported of receipt of some information on sexually transmitted diseases.

From village and union level one-third to three-fourths of the service providers reported of receiving information on AIDS.

Information on pregnancy and its care during adolescence was received by more than one-fourth of the respondents in experimental area. The same was reported by 10 percent of the service providers in control area.

Only 18 to 29 percent of the service providers mentioned some sources for training. The major was UFHP. Almost all the service providers reported that they need some training to work on SRH of adolescents and youth.

## **Health Professionals' Attitude Towards Sexual and Reproductive Health of the Adolescents and Youths**

Majority of the respondent service providers thinks that adolescent reproductive health is a neglected issue in terms of information dissemination and delivery of services.

A considerable portion of the service providers feel shy or hesitate to discuss on body physiology, sex organ, function of reproductive organs, physical changes during puberty, menstruation, nocturnal emission, sexual intercourse, family planning, STDs and AIDS, pregnancy etc. with the adolescents and youths for resolving their health problem and counseling. They feel shy or hesitate to discuss because of social resistance, unfavorable situation, opposite sex etc.

Majority of the service providers think that adolescents will not be treated with respect or behaved well if they ask for contraceptive or treatment or counseling for STDs going to a health or family planning clinic or to a pharmacy.