

# BASELINE SURVEY ON ADOLESCENT REPRODUCTIVE HEALTH



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# EXECUTIVE SUMMARY

## BACKGROUND

In Bangladesh, according to the official statistics, adolescents are defined as those who fall in the age group 10-19 years. Bangladesh has a total population of about 130 million. These include about 29.5 million adolescents, who constitute about 23 percent of the population. This 10-19 years population is projected to reach at 58.6 million (40% of the total 146.4 million population) in year 2010. This population group will contribute significantly in the incremental population (due to the momentum and other effects) size of Bangladesh during the next 20 years.

The Government of Bangladesh, in its official report presented at the 33<sup>rd</sup> Session of the Commission on Population and Development, United Nations, stated that “**adolescent reproductive health situation in Bangladesh can not be denoted as “satisfactory”** both in terms of programme efforts and actual performance.

Adolescents appears to be extremely poorly informed regarding their own physical well-being, their health, and their bodies. Whatever knowledge they have, moreover, is incomplete and confused.

Pregnancy and motherhood occur to the adolescents before they are physically fully developed, and expose them to particularly acute health risks during pregnancy and childbirth. Available information on adolescent nutrition indicates that about half the adolescent girls in Bangladesh are under-nourished. Adolescents are especially vulnerable to discriminating unwanted pregnancy and disease, including STDs and HIV infection.

In addition to the above, Vitamin A deficiency in adolescent females is associated with increased illness, reduced work capacity and health during pregnancy. It also has an impact on the nutritional value of a mother's breast-milk.

**UNFPA is supporting an initiative for married adolescents and exploring the usefulness of introducing a concept of Personal Social Education (PSE), which is associated with family life education and life skill issues through Peer Education Approach.** The youth clubs in the locality of rural areas of three pre-selected districts (Chittagong, Chapai Nawabganj and Sherpur) to be organized by the Department of Youth Development of Ministry of Youth & Sports will be the primary outreach points to reach the adolescents. This study provides baseline survey on adolescent reproductive health as part of the said project activities.

## STUDY OBJECTIVES

The **broad objective** of the baseline survey is to assess various aspects of reproductive health among the rural adolescents, with special emphasis on the married adolescent girls.

UNFPA Bangladesh has provided support to the baseline survey with the following **specific objectives**:

- a. To assess the existing level and breadth of knowledge among the adolescent girls with regard to their reproductive health;
- b. To identify the extent of experiences, behavior and lifestyles with regard to sexual and reproductive health among adolescents;
- c. To identify the ways of deriving reproductive and sexuality related information and their common sources; and
- d. To make an assessment of the needs of young people for the improvement of reproductive health situation.

## METHODOLOGY

This study belongs to the category “Exploratory study” and aimed at collecting baseline information on some agents for whom Personal Social Education (PSE) is to be introduced with prime emphasis on Adolescent Reproductive Health issues.

As per TOR, samples and results have been identified separately for pre-assigned districts: Chittagong, Sherpur and Chapai Nawabgonj concentrating on their rural areas. The mode of sampling within each district was same although sample sizes differed.

A 4-Stage Random Sampling Procedure was adopted. We have estimated a representative sample size for each district separately and for such purpose we have used a sound statistical formula based on dichotomous probability of 50 percent, confidence level 95 percent with a precision level of 3 percent. Finite Population Correction (FPC) has been taken into consideration. However, considering latest BBS information (1998), 24.74 percent of such population are considered as married female adolescents.

A four-stage random sampling procedure had been adopted of which Primary Sampling Unit (PSU) was the Upazilla. These Upazillas had been selected using Probability Proportionate to Size (PPS) of number of unions, and the sample size was distributed accordingly.

A total of 21 FGDs, 7 in each district, for the categories of married female adolescents, husbands of adolescent, unmarried adolescent boys, unmarried adolescent girls, parents (mothers and fathers) and community leaders have been conducted as part of the baseline survey.

Considering the objectives of the study, the following broad groups of variables have been investigated: demographic and socio-economic; knowledge of reproductive health; experience, behavior and life style; information on reproduction and sexuality; violence against women; and definition of needs for improvement of reproductive health situation. Data were collected through from married female adolescents (age 10-19 years) and husbands of adolescents, through FGD guidelines from the categories of married female adolescents, young husbands, unmarried male adolescents, unmarried female adolescents, parents (mothers and fathers in separate groups) and community leaders.

For the present study, primary data have been generated by means of interviewing and focus group discussions (FGD). For this purpose, different sets of data collection instruments had been developed such as:

- one set of interview schedule for each of the categories of married female adolescents (age 10-19 years) and husbands of adolescents
- one set of FGD guidelines for each of the categories of married female adolescents, young husbands, unmarried male adolescents, unmarried female adolescents, parents (mothers and fathers in separate groups) and community leaders.

In line with the objectives of the study and the variables and indicators, the PI and the Consultants developed the draft data collection instruments in close cooperation and consultation with the UNFPA Youth Program personnel and Project Directors, Advocacy and Adolescent Projects of Department of Youth Development, Government of Bangladesh. The draft data collection instruments had been pre-tested extensively and finalized based on pre-test feed-back.

Training was conducted through classroom lectures, demonstration interviews, role playing, field practice, review of lessons learned and suggested solutions. Director General, Department of Youth Development, the Project Directors, Advocacy and Adolescent Projects and UNFPA's

relevant experts were involved in the training. The training was provided by the PI, with active participation of all the Consultants.

A sound quality control system had been developed for adequate monitoring of the quality of data. For this purpose, three Quality Control Officers had been deployed in three fields- Chapai Nawabgonj, Sherpur, and Chittagong to ensure the quality of data.

The field investigators have been trained on the ethical issues for their proper application in the field. The study protocol including questionnaires has been examined by Department of Youth Development, UNFPA, and HDRC regarding ethical issues.

## **KEY FINDINGS AND PROGRAMMATIC IMPLICATION**

### ***Age Structure***

Age distribution of respondents is in line with the national demographic pattern. Over 96 percent of Married Female Adolescents (MFA) are in the age group 15-19 years and only 3.4 percent are in the age group 10-14 years, and husbands mostly (41.5 percent) are in the age group 25-29. Astonishingly in Chapainawabgonj district 18.3 percent husbands are young stars (15-19 years). Average age of female are alike in 3 districts – 18.4 years in Chittagong, 17.1 years in Chapainawabgonj and 17.3 years in Sherpur Average age of husbands are 7-10 years higher than that of females across districts.

### ***Education and Occupation***

On the whole illiteracy is more pronounced among husbands (25.9%) compared to their MFA counterparts (18.4%). In Sherpur, 52.2 percent husbands appear to be illiterate. Lowest illiteracy among MFAs was found in Chapainawabgonj (9.3%).

Occupational status may supposedly influence one's behavior. The study results show that majority of MFAs (96.5 percent) are housewives. Among husbands, major occupations are cultivation, service, trading and business.

### ***Age at First Marriage***

Age at first marriage is an indicator for identifying status of early marriage. About 6 percent of husbands appear to get married by age 14 years. Of all MFAs under study 52 percent got married by 14 years and 48 percent by 15-19 years. Average age at first marriage is 20.5 years among husbands and 14.4 years among MFAs.

### ***Pregnancy Status and Number of Living Children***

Most of the MFAs have already experienced pregnancy, and an MFA had around one pregnancy on average. Average number of children is 1 and one child family is the most frequent.

### ***Physical and Mental change in female during Puberty/Adolescence***

The changes recognized by them in female were health and height, growth of body hair, enlargement of breasts, onset of menstruation, pimples, becoming healthy and beautiful, waist and hips heavier and figure becomes attractive. They show excitement if touched by a man.

MFAs and husbands recognized 'feeling older' as a change. The other change noticed by them were: inclination to opposite sex/romanticism/love, 'feeling of sexual urge', emotionality, shyness, awareness, fashions etc.

***Physical and mental changes in males***

The physical changes reported by the MFAs, husbands and other groups were - growth of beard and moustache, change of voice, becoming taller and handsome, growth of pubic hair, wet dream, and growth of male organ i.e. penis becomes bigger. They also reported that sex impulse occurs and masturbation is normal practice.

Mental changes of male adolescents reported by the MFAs and husbands are feeling older, romanticism, inclination towards sexual act, become manly, feel happy on seeing the girls, irresistible attraction to the girls, like to gossip about the girls' physical beauty, try to tease the girls in the street and touch the "Dupatta" of the girl and the boys look at the breast which make the girls embarrassed. However, it is to be admitted that people of same sex better understand about the same.

***First Experience of Menstruation/Wet-dream***

The survey data revealed that over 72 percent of married adolescent females had experienced their first menstruation at the age between 12-13 years. The husbands of married adolescent females reported that 57 percent of them experienced wet dream at the age between 14 to 15 years. More than one-third of the female respondents got frightened or thought something abnormal happened with them. Almost similar proportion of females complained that they felt embarrassed or bad. Even some of them who felt embarrassed were even confused that they became pregnant. Complains of weakness/pain or headache were among other feelings the respondents mostly pronounced.

Most of them are unaware about the management of menstruation. They were quite ignorant about the causes and outcome of the menstruation. Some suffered from pain in the lower abdomen during menstruation. It is also difficult for them to keep up and clean the used clothes during menstruation. Sometimes menstruation may occur twice in a month. Excessive bleeding make them weak. Sometimes menstruation occurs once within 5 or 6 months. More than two-fifths of husbands of female adolescents reported that with their first experience of wet dream they felt that they had done something blunder, while some had enjoyed the same of having sexual pleasure, and the others had feeling of wet loss and feeling of dryness in body/face or headache including feeling the vigor.

***Prior knowledge about menstruation/ wet dream***

More than half of the MFAs reported that they knew about menstruation before experiencing the same in reality Most of them were informed about the stated natural phenomena from their elder sisters or friends. The males appeared to be more in proportion informed about the prime sign of adolescence: wet dream. The husbands of adolescents reported that 59 percent of them knew about wet dream before they had their experience. The absolute bulk of them came to know about it from their friends.

***Menstrual Management***

Almost all the married female adolescents informed that they were using clean pad/cloth or cotton during the menstrual period. Seventy-seven percent replied that they were having regular bath or following religious norms of personal hygiene during menstrual period, while almost half of the female respondents abstain from sexual intercourse during this period. The males observed to be less informed about menstrual management than the married female adolescents. Unmarried Female Adolescents regarding the reproductive organ reported that, if the girls lead unclean life and do not maintain menstrual hygiene, they suffer from itching and white discharge of vagina. It lead to infection of reproductive organ.

***Symptoms and Prevention of RTI***

Almost three out of five female adolescent respondents reported of experiencing lower abdominal pain, not related to menstruation. Half of the female respondents have had excessive, too scarce discharge and/or discharge which is not natural. Over one-fifth of female adolescent respondents shared that they had suffered from itching or irritation around vagina. In addition, they mentioned fishy smelling discharge, sores on genitals and green/yellow discharge.

Almost all respondent husbands claimed to be known with preventive measures to overcome RTI. Almost half of the male respondents were of opinion that RTI can be avoided by maintaining cleanliness, washing with hot water or having regular shower/ bath . More of the husbands expressed that RTI can be prevented through abstaining from sexual intercourse with the infected partner.

***Perception about Intimate Relationship***

The survey findings revealed that more than 91 percent of respondents were of opinion that intimate relationship between the spouse matters in personal life. Almost three-fourth of the respondents on average from both the category in the survey locations pointed out that happiness in family life is directly related to intimate relationship among the spouses.

***Attraction towards Opposite Sex during Adolescence***

The survey reveals that 21 percent of interviewed female married adolescent and 73 percent of the husbands of adolescents felt attraction to another person of opposite sex during the time of growing up. The survey findings further revealed that out of those married adolescent girls who shared of being attracted, little less than two third were attracted to the male-persons due to their good behavior, mutual likings, respectful nature to the elders or they were good students/speakers. More than half of those respondents (54 percent) reported that the persons to whom they felt attracted became a dream towards happiness: a visionary-idol of life. Two third of the respondents of these category shared their emotion with friends, while almost 44 percent also felt it convenient for them to discuss with sisters and 'bhabis'(the elder brother's wife).

***Choosing the Partners***

According to the married female adolescents almost half of them (47 percent) preferred to be involved in the process of selection of their partners, while a little less percentage of husbands of adolescents (45 percent) had expressed the same opinion about choosing of partner. However, in reality only 9 percent of the adolescent wives were lucky enough to materialize their desire, and in the cases of husbands of MFAs 39 percent (only 6 percentage point less than desire) had the opportunity to be directly involved in the process of selecting their brides.

***Perceptions about happiness***

The survey findings reveal that 54 percent of the married female adolescents and 70 percent of the husbands of married adolescents perceive good relationship between the spouses as the key factor for achieving the happiness in the life. One out of four married adolescent girls believe that successful marriage brings happiness, where the meaning of successful marriage contains lot of other components including good spousal relationship. The community leaders regarding the issue of happiness were of opinion that, husband and wife should co-operate each other in doing sex. It will bring happiness.

***Expectation from Marriage***

The findings reveal that, over two-thirds of the married female adolescents, had no major expectation from their marriages. Nevertheless, every third married female adolescents shared that her expectation from the marriage was to have love and happiness.

Almost two-third of the husbands of married adolescents expected love and happiness; for more than half of the male respondents the expectation was simple sex-drive. It is clearly evident from the husbands' admission that some were being married with the direct intention to be utilized additional helping hand.

***Communication on Sexual Pleasure/Dissatisfaction***

Sharing of sexual pleasure as well as dissatisfaction among the spouses are the foremost preconditions for attaining a happy conjugal life. The study reveals that almost 44 percent of the adolescent wives and one fourth of the husbands in three project-districts does not have the culture of discussing about sexual pleasure and/or dissatisfaction with their spouses. Those who discuss issues pertaining to sexual pleasure, around 46 percent of adolescent wives discuss with their spouses about her feeling of pleasure for increasing mutual likings. The husbands of the adolescents informed that almost sixty percent of those who discuss about pleasure used to do it for getting more self-satisfaction.

About one-fourth of the married adolescent girls share sexual pleasure and/or dissatisfaction with some one else other than their husbands. Those persons include: relatives (mainly bhabies), sisters of same age group, and friends.

***Initiating Sexual Act with Spouse***

The socially accepted and customary norm in the context of Bangladesh legalizes the spousal union as only recognized sexual partners. The findings reveal that, in 93 percent cases husbands almost always initiate sexual acts. Three-fourth females never initiate sex and/or intimate affectionate actions. Twenty six percent of married female adolescents reported to be ever initiator of sexual acts and/or intimate affectionate actions. The findings also reveal that, according to responses of the married adolescent girls, more than three out of each four (76 percent) are ashamed of initiating sex and are afraid of a misconception.

***Perception on Selected Behavioral Issues***

Overwhelming majority of respondents of all the two categories (93 percent of married female adolescents, and 94 percent of husbands of adolescents) were of opinion that authoritarian pattern of behavior of husband is frustrating to wife. However, one-third (34 percent) husbands interviewed were of opinion that husband should be superior to his wife in all respect.

Almost all the married female adolescents (97 percent) expressed their opinions that husband should assist the wife in household work and also in raising the children. Interestingly, absolute majority of the husbands of adolescents had shown interest in assisting their wives (90 percent of husbands had been reported to be agreed to assist in household works, and assist in raising the children).

***Battering and Related Issues***

Almost one out of three respondent girls (29 percent) informed experience of battering during married life. Husbands of adolescents were quite fair to admit that they were habituated with beating and/or battering their wives. The married female adolescents who informed about the same reported that almost one out of twenty from the cohort stated above had been being

battered regularly, while the rest had to face the same occasionally. In all the cases the victims of battering used to inform the parents about their sufferings.

### ***Attraction Towards Someone of Opposite Sex Other than Spouse***

The present survey made an attempt to explore the substantiality of emotional relationship between man and women outside family and matrimonial ties in the study area. The survey findings revealed that near-about one out of six currently married female adolescents were attracted to another person before marriage. In the cases of the husbands, two-third of the males reported of being attracted to some girls before marriage.

### ***Expectation from the Spouse at the Time of Marriage and Present Feelings***

The findings reveal that almost half of the currently married adolescent girls presumed that the husband would be a good man, well-behaved person, handsome, active/ well earned service holder.

The husbands informed that for more than half they expected future wife as a good women and well behaved person. For 45 percent of males the second criteria was beauty, followed by consideration of love and cooperation. However, near about one sixth of the female adolescents reported that they were not satisfied with husbands and 6 percent reported no feeling for the husbands. One eighth of the husbands reported of being not satisfied with wives and 4 percent had no feeling.

### ***Polygamy***

Polygamy, by and large, was not acceptable to the married female adolescents and husbands of adolescents.

### ***Divorce***

The findings reveal that only 3 percent of female respondents informed that divorce is acceptable to them. Out of 25 married girls who supported divorce, 15 were of opinion that it would be better to go for divorce and worst form of conflict among the spouses could thus be avoided (60 percent). Eleven married female adolescents expressed that if the husband was found to be 'not good' it is better to have divorce.

### ***Pre-marital and Extra-marital Relationships***

Sexual relationship beyond the marital bondage as observed by social scientists and anthropologists is as ancient as the history of the mankind itself. The findings reveal that extra-marital sexual relationship is not acceptable to more than 98 percent of married female adolescents and 93 percent of husbands of adolescents. One-fourth of the married female adolescents reported that they knew some girls who had sexual exposure before marriage (25 percent), almost similar percentage informed of knowing some females having sex relationship with some persons other than their spouse.

### ***Dowry***

The survey has attempted to explore the extent of dowry in connection with marriages of adolescent girls in the project area. An estimated amount of 26 million Taka has been reported to be paid as dowry for 926 marriages held at sample villages. The actual amount of dowry paid is possibly higher, because the amount reported by the husbands of adolescents appears to contain underreporting. The findings reveal – according to reports received from the interviewed married adolescent girls – that in more than four-fifth of instances the bridegrooms families have

received dowry from the brides side in cash and/or kind. The average amount paid in cash as reported by the wives amounted to Taka 8829.

***Ideal age of marriage***

Although the females themselves were married in their teens, surprisingly the average ideal age of marriage mentioned by MFAs were 23.97 years for males, and 18.57 years for females. Husbands reported 24.19 years and 18.54 years (average) respectively for males and females. Overall, almost half of the married female adolescents were not at all aware of the legal age at marriage of male and females. The average legal age of marriage of females mentioned by married female adolescents and their husbands were 18.53 years and 18.19 years respectively.

***Problems of marriage at an early age***

Overall, almost 90 percent of the married female adolescents and 66 percent of the husbands reported that 'they suffer from health hazards'. About 59 percent of the married female adolescents and 70 percent of their husbands reported 'danger of death during delivery' as problems of early marriage. The other problems reported by them were 'can't make decision in the family', 'discontinue education' etc.

***Perception about who Determines the Sex of Child***

About two-thirds of the married female adolescents and 45 percent of the husbands reported that, it is "natural". 'Father' as determinant of sex was reported by 14 percent of the husbands and 'mother' by 15 percent of them. A substantial proportion of them reported 'both' as determinant of sex.

***Perception of Special Care during Pregnancy, Delivery and Post-partum***

Regarding place of delivery preferred by them 37 percent of the married female adolescents preferred house of bride, while it was 69 percent in case of husbands. House of bridegroom was preferred by 42 percent of the married female adolescents and it was only 14 percent in case of husbands. Government hospital was reported by 18 and 12 percent married female adolescents and their husbands respectively.

***Who should assist women in giving birth***

In three-fourth of the cases the married female adolescents and 83 percent of husbands reported 'relatives' as the appropriate person. Forty seven percent of the married female adolescents and 38 percent of the husbands also reported 'TBA' as the person to assist in giving birth. Regarding the same, 19 percent of the married female adolescents and 12 percent of the husbands reported 'doctor' as the person to assist.

***Attitude towards seeking post-natal care***

Although PNC is a rare event, likewise ANC, more than ninety percent of the respondents opined that they would like to seek postnatal care. Regarding reasons for seeking postnatal care 'good health of mother', 'good health of baby', 'to avoid health problems', and 'to avoid haemorrhage', were mentioned by them.

***Awareness of Complications and Preparation during pregnancy***

Overall, 85 percent both of the married female adolescents and their husbands were aware of the complications during pregnancy. Consistently, the husbands of Sherpur were less aware of the issue. One-third of the married female adolescents and half of the husbands reported that they should take more food/nutritious food. One-third of the married female adolescents and

one-fourth of the husbands mentioned 'to fix the doctor beforehand'. The other responses were 'arrange money beforehand', 'arrange TBA beforehand', 'arrange transport beforehand'. Over 90 percent of both female and their husbands were supporting involving the males. The causes of male involvement were- male members are the guardian, to collect money easily, for fast arrangement of transport, can call doctor' etc.

### ***Knowledge of STD/AIDS***

Almost two-thirds of the husbands and about half of the married female adolescents reported that they have heard of AIDS. As reported, around one-third of the husbands could name Syphilis or Gonorrhoea. Regarding how a person can be infected with HIV/AIDS, about two-thirds of the husbands and more than half of the married female adolescents identified the cause as sexual intercourse with person. Regarding how a person can protect himself/herself from STD/HIV/AIDS about two-thirds of the husbands and more than half of the married female adolescents reported 'limiting sex between single partners' as the major means. 'Use of condom during sexual intercourse' as protection was reported by half of the husbands and one-third of the married female adolescents.

### ***Knowledge of Abortion/MR***

Only around 20 percent of the respondents reported of having any knowledge on abortion or MR. Those having were aware of **danger of performing MR or abortion by an untrained person** in most of the cases.

### ***Knowledge and Practice of Family Planning***

Regarding reason of practicing FP around 40 percent of the respondents reported that 'it is for delaying child birth'. Around three-fourth of married female adolescents and husbands reported that they take decisions jointly. Around 20 percent of the respondents reported that they want more children. However, more than fifty percent of them reported of not knowing the cause. Regarding **intention to practice family planning**, around 90 percent of them reported in affirmative. The principal method reported by more than 75 percent of them was pill.

### ***Knowledge of immunization***

Around 80 percent of the respondents reported that they know immunization. One-third of the married female adolescents and 20 percent of the husbands could report about the required dose of TT for whole life immunization.

### ***Knowledge of Colostrum***

Seventy-two percent of the married female adolescents and 90 percent of the husbands reported that they know it. Almost all of them also termed breast milk as the most ideal food since birth.

### ***Knowledge of Nutrition***

Three-fourth of the married female adolescents and 83 percent of the husbands reported that they think of special need of nutrition for the adolescents. Regarding causes of such thinking, forty three percent of the married female adolescents and 62 percent husbands reported that it helps the body grow faster. Around half of the MFAs and their husbands were aware of iodine deficiency and its consequences

### ***Violence Against Women***

Battering/verbal abuse is the most prevalent form of VAW mentioned by them. In project site of Chittagong, Sherpur and Chapai-Nawabgonj 72 percent married female adolescents reported

about verbal abuse and battering on trifling matters committed by family members. On the question of the extent to which adolescent women are subjected to domestic violence, 65 percent of the husband of female adolescents reported that women are victims of battering and verbal abuse. On focus group discussion the respondents described their terrible experience on VAW in various ways.

Gender discrimination and male domination in the society were viewed as the root causes of violence. In-effective implementation of the existing laws are also promoting VAW. Interference of corrupted leaders – is also sometimes responsible.

About half of the MFAs and husbands mentioned un-willful pregnancy as a consequence of VAW. One-third of (33.3 percent) the husbands of adolescents know that there was a possibility of female victims to be infected with STD/AIDS.

Only 7 percent married female adolescents and 12 percent husband reported that they were aware of few organization i.e. NGO, who work for prevention of VAW. Majority of the MFA reported social mobilization as the most significant activity undertaken for elimination of VAW. It is clear that MFA of the project area are unaware of gender-equity.

Regarding stoppage of VAW parents, community leaders and adolescents suggested for organizing seminar, workshop for social mobilization. They also told to motivate and utilize the religious leaders for mobilization. Networking of government and non-government organization was also asked for. Married female adolescents felt the need of skill training and self-employment for raising the socio-economic status of women. Training on gender issue and reproductive health was felt as a necessary element.

#### ***Information and Training Needs of Adolescent Sexual and Reproductive Health Issues***

The married female adolescents (MFAs) and the husbands of adolescents were interviewed to know whether anybody informed them about adolescent issues. Around 50 percent of the MFAs and 30 percent of the husbands were informed about various issues like- life style, security, relationship, emotional wellbeing, happiness, family planning, ANC, delivery care, PNC, immunization, and management of menstruation.

Married adolescent females mentioned various ways of maintaining good reproductive health of the adolescents e.g. proper orientation of reproductive health, intake of nutritious food, maintenance of personal hygiene and sanitation, behavioural and attitudinal change of the community towards adolescents' socio-economic development, adolescent friendly service delivery, and ensure gender equity in the community. Husbands of adolescents also reported the same ways of maintaining good reproductive health of the adolescents.

Almost all the married female adolescents and husbands of adolescents told that knowledge and skills of effective communication, including training on negotiation skill is needed for correct decision in the family and to avoid unexpected sexual act.

#### ***Ways to Prefer to Talk/Address the Confidential Issues***

The FGD participants discussed about the need of the adolescents. They opined that there is no end of adolescent need. They suggested that the school textbook should cover the reproductive health education. Newspaper, radio and television should publish RH information. Parents should inform the children before puberty. Health field worker also can help the adolescents. Skill training for the adolescents should be arranged. Peer education is necessary. Livelihood skill training is needed. Program can be implemented through NGO worker. Government service providers also can help. Promoting positive healthy behavior for the adolescent can solve problem.

***Best Sources of Information on ARH for the Adolescent***

Married female adolescents and husbands indicated mother, father, sister-in-law,, husband/wife, sister/brother, government workers, mother-in-law, teacher, NGO workers, and newspaper or magazine as the best sources of information regarding life style and security. In addition married female adolescents considered that mother, and TV/Radio could be the best sources of information for relationship. Majority of the married female adolescents and husbands of adolescents reported that government worker was the prime source of information for family planning, antenatal care (ANC), delivery care and postnatal care (PNC) and immunization.

Majority of the married female adolescents reported that sister-in-laws were the main source of information for menstrual management. A few of the married female adolescents know about masturbation. They also supported government workers as the best sources of information for pregnancy, nutrition, STD/AIDS and VAW.

***Service Needs, Preferred Sources and Best Training Providers on ARH***

Respondents mentioned different sources of service needs e.g. adolescent friendly service, family planning, antenatal care, delivery care, postnatal care, immunization, management of menstrual problem, infertility, pregnancy, malnutrition, STD/AIDS, violence against women, counseling and education. Government workers and government SDPs are their major preferred service providers and service places to them for these purposes. According to them mothers, fathers, peer trainers, government workers, teaches, TV/Radio, friends, and sister could be the best training providers on the ARH issues.