Reproductive Health Needs and Service Seeking Behavior of Unmarried Youth in Rural Bangladesh

Extended Abstracts

Youth in Bangladesh are poorly informed about reproductive health (RH) issues. Young people lack access to correct RH information, youth-friendly health services, and skills in practicing safe sexual behavior. In Bangladesh, youth age 15-24 represent approximately one-sixth of the total population (BBS 2003). Most of the youth are unaware of the changes associated with puberty, physical growth and sexuality. Moreover, they have limited knowledge about contraceptive methods and STIs. Overall, youth are poorly informed of how to protect themselves from unwanted and unsafe sexual encounters. Global experience suggests that peer pressure, and limited access to youth friendly health services have contributed towards their involvement in risky sexual activities and substance abuse.

Usually, youth do not feel comfortable in receiving information about reproductive and sexual matters at home and they generally seek answers elsewhere-from friends, printed materials or informal sources. The limited RH services that exist are often not responsive to the specific needs of young people. Thus the lack of knowledge and limited access to RH services increases the young people's vulnerability to STIs and HIV, particularly when they utilize services from the commercial sex workers. In the absence of RH education and with indiscriminate practices of traditional healers, appropriate program efforts are needed to educate younger generation on the consequences of risky sexual behavior.

A comprehensive service delivery infrastructure exists in Bangladesh to provide health care services to all types of clients that range from rural to urban areas. The lowest level of rural clinic are at the union level, health and Family Welfare centers (HFWCs), which has established to provide family planning and maternal and child health services as well as limited general health services to the rural people. However, these health facilities are deliberately motivated to serve married women and child thus youth friendly reproductive health services are rarely available at those HFWCs. The primary objective of the study was to create a space for youth to receive RH services within the existing government female-focused health care delivery system.

This study uses a quasi-experimental, separate sample pretest-posttest design to evaluate the impact of targeted interventions to increase utilization of health services by unmarried youth. The experimental group has exposed to ten month of intervention activities. Unmarried young males and females of age 15-24 years constitute the primary target group for the study. Using systematic sampling technique required base line information was collected from 834 unmarried male and 430 female youth living in the intervention areas. The intervention areas were selected purposely from the two largest administrative divisions of the country where the family planning performance is low.

In order to enable the local people to participate in the improvement of health service delivery and to ensure sustained community involvement in intervention activities community support groups (CSGs) were formed in each intervention areas. With the help of elected representatives and health and family planning field workers, several focal persons were selected in each area.

With the support of service providers, field workers and CSG members, several community members were selected as peer promoters. The peer promoters are expected to play a bridging role between community members and health facility. The responsibilities of peer promoters are to assist

field workers in their routine work and co-ordinate with service providers, motivate friends and relatives to seek services from the HFWC, and distribute BCC materials. Selected peer promoters attended a four-day long training on contraceptive methods, RH needs of adult and youth, interpersonal communication, utilization of BCC materials, and community mobilization.

Service providers and field workers have been trained to provide required counseling and services to the clients. Physical infrastructure of the health facilities has been improved in order to provide quality RH services. In each HFWC, a separate area has been designated as youth corner, where sufficient quantities of BCC materials are available for distribution. One of the major activities of the study is to disseminate information on sexual health, reproductive tract infections (RTIs)/sexually transmitted infections (STIs) and contraceptive methods through innovative BCC activities. Three types of BCC activities have been undertaken in the community to increase health care utilization among youth from HFWCs. Service providers are using flipcharts and pamphlets at the HFWCs as well as during satellite sessions to inform youth about pubertal changes, contraceptive methods, RTIs/STIs, HIV and maternal health care. Likewise, field workers are using the same flipcharts to educate the community members and they are distributing pamphlets during routine home visits.

It is observed that youth have poor knowledge about RH issues and hygienic practice also absent among them. Only 33percent female knew about menstruation before they had experienced it. Only 19 percent of the female dry up their menstrual using cloths in the in the hot sun but under other cloths. Where as 70 percent of male youth perceived wet dream as a disease. Youth were not well informed about the dual protection role of condoms. Less than half of the male respondents suggested that a trained person needs to be present during delivery. Half of the male respondents mentioned that women should go for post natal care if only complication arises.

One-third of the male youth experienced RTI/STI symptoms during the last one year. Burning sensation or pain during urination was reported as a major problem experienced unmarried youth. It is observed that almost all the respondents considered masturbation as a harmful practice. However, male youth were in favor of masturbation than seeking services from sex workers.

Preliminary findings suggest that youth visited the HFWCs for RH services and average number of youth clients has increased. It is also observed that community support group can play an important role in identifying problems and finding possible solutions to improve the quality of youth friendly RH services from the HFWCs and peer promoter approach can be a good example of how to tap existing social resources to promote good reproductive health care practice among youth.