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REPRODUCTIVE HEALTH KNOWLEDGE AMONG URBAN WORKING ADOLESCENT STUDENTS

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Abstract: The main objectives of the paper were to assess the knowledge and attitudes of the students of UCEP-Bangladesh on reproductive health. Data were collected in four UCEP-Bangladesh schools in Dhaka among pre-technical level students who passed class eight. A structured questionnaire and three FGDs were carried out for collecting data. Data revealed that respondents were from lower income and lower middle income family and mostly of them are migrated from rural to urban area with their family. Most of them are involved with full time or part time work. Many of them helped their parents running the business. Findings suggest that there are misconceptions regarding health related issues like wet dream, menstruation, HIV/AIDS among the students. A large portion of adolescents working students are not aware of their physical changes during puberty. It also explored that they were not informed on this issue. They have a lack of leisure. Although many of them reported that they have access to mass media, but have not clear concept on adolescent reproductive health. Moreover interesting to note that half of them did not hear about family planning while major portion of marriage occur before 18 in Bangladesh.

Introduction & Background

In Bangladesh, about one third populations are living in urban area where a big number of them are labor force living in slum and other low income status area Most of them are from slum area where utility services are not available although they live in urban area. In urban area about 28 % of people are living under poverty line (BER 2012). These populations are not educated and financially well off. At the same time they work with their other family

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members who are young adolescent. These young adolescents help their guardian and works in other sectors as well. Majority of them are living in slum area. They have lack of education, health awareness and other basic needs. Also their children are growing up without proper education, health services and awareness on these social issues.

UCEP Bangladesh provides technical and vocational education to those working students who are generally unable to bear their educational expenses. Reproductive health knowledge is critical for adolescents as the period of their life is the transition from puberty to adulthood. In this context, knowledge on reproductive health was assessed to identify and understand their reproductive health awareness during their puberty.

In Bangladesh about 33 million adolescents represents one third of the total population (UNFPA 2012). This large number of population with the passage of time will lead the country to a better future. They will act as father, mother and the community gatekeeper as well. Therefore, knowledge on reproductive health and reproductive rights are critical. Traditionally, adolescent reproductive health has been ignored and perceptions on reproductive health are very poor. Reproductive health services to adolescents are difficult to achieve for a number of reasons, including social stigma and superstition. Regional variations with socioeconomic status also create a large barrier in getting reproductive health services for adolescents. Urban areas, in many cases are providing misconception to adolescents instead of right information. Various studies revealed that adolescents are provided misconceptions regarding reproductive health problems including wet dream, menstruation, HIV/AIDS and other reproductive tract infections.

On the other hand, reproductive health related education is not introduced for all the adolescents. Moreover, a large portion of adolescents are not going to school. These portions are largely involved with money making activities. Working adolescents should be provided reproductive health information properly. Therefore, it is imperative to assess knowledge of reproductive health among adolescents.

A bigger proportion of adolescents who are dropped from normal schooling are engaged in different money management activities. At the same time, there is a trend toward finding gainful employment by female adolescents in industrial sectors especially in the garment industry. They have lack of information on their body, sexuality, contraception, STIs and some other reproductive health issues.

In a traditional society, unmarried adolescents are generally considered asexual beings. Adults are often not sensitive to their reproductive and sexual needs and rights and, therefore, tend to underestimate problems faced by adolescents. Disapproval and judgmental attitudes of healthcare providers

discourage adolescents from visiting health facilities. Consequently, they have limited access to RH information and services, which put them at higher health risks (Barkat *et al*. 2000; Bhuiya *et al.* 2004; Haider *et al*. 1997; Nahar *et al*. 1999; Rahman *et al*. 2006).

Globalization, higher age at marriage, rapid urbanization, and growing opportunities to socialize has increased their health risks, although they live in a conservative society. Results of several studies showed that adolescents of Bangladesh are engaged in pre- and extramarital sex (Bhuiya *et al.* 2004; Rob and Mutahara 2001). They also suffer from psychosexual and reproductive tract infections-related problems (Chowdhury *et al.* 1997; ICDDR,B, ACPR and Population Council 2006; Rahman *et al.* 2006; ICDDR,B, ACPR and Population Council 2009).

Results of a recent study showed that over one-fifth of unmarried males had premarital sexual relationship; more than half had never used condoms; and one-fourth had one or more symptoms relating to sexually transmitted infections (STIs) (ICDDR,B, ACPR and Population Council 2006; ICDDR,B, ACPR and Population Council 2009).

In Bangladesh, most adolescents undergo wider physiological and psychological changes during puberty without any prior knowledge. This uninformed populace constitutes nearly one-fourth of the total population of the country. Their unmet needs are being inadequately addressed by the health service-delivery system in the country. While globalization, higher age at marriage, rapid urbanization, and greater exposure to media have increased the need of services to prevent risk of sexually transmitted infections (STIs), HIV, and other social prejudices, adolescents in Bangladesh have limited access to reproductive health (RH) information and services.

Adolescents in general had limited knowledge of pubertal changes. Knowledge on pubertal changes was remarkably better among the rural adolescents compared to their urban counterparts. 82 percent of rural male adolescents knew that hair grows in different parts of the body during puberty while 67 percent of urban male adolescents reported the same. (Hena et al 2009)

Objective

The main objective of the research was to assess the knowledge and attitudes of the students of UCEP-Bangladesh on reproductive health. Likewise interests were shown to assess the knowledge and attitudes of adolescents toward RH and Family Planning issues, understand health seeking behavior of students, understand the family planning perception among adolescents, and identify misconceptions regarding reproductive health.

Methodology

The paper is based on a cross sectional survey and both qualitative and quantitative data were collected. A survey with structured questionnaire and three FGDs (one with boys, one with girls, and one with parents) were carried out.

Data Collection Methods

Data were collected through self-administered questionnaire among students. In a class room all the class students were given a questionnaire to fulfill. Before interview, informed consent was taken and a briefing was made on how to fulfill the questionnaire. Researchers and respective class teacher were present at the class during interview but they did not check the students' questionnaire. The students were not influenced or motivated to fill up the questionnaire at the class room. The situation of the class was like an examination room where two representatives were guarded so that students could not talk to each other. The researchers and teacher also did not look at the questionnaire before ending the interview. There was no option for writing the students name, roll, section and they were told that after submitting the questionnaire students were not be possible to be identified. Therefore, they filled the questionnaire freely and easily. The FGDs were conducted through a guideline.

Study Area and Population

Data were collected in four UCEP schools in Dhaka. The schools were UCEP-Tytte Botfeldt School, Noyatola, Dhaka; UCEP-R. K. Chowdhury School, Postagola, Dhaka; UCEP-Tongi Pouroshova Kolabagan School, Kolabagan, Tongi; and Al-Haj Abul Hashem Khan UCEP School, Rayer Bazar, Dhaka. The study populations were pre-technical level UCEP students who passed class eight and were students of pre-technical classes' session June –December 2011.

Variables

A structured and self administered questionnaire was given for collecting reproductive health information from the UCEP students. There were different variables which includes gender, age, number of brothers and sisters, occupation of guardian, access to mass media, present working status, income and expenditures, affiliation with social organization, spending leisure, sources of drinking water, types of toilet, security while going to and coming back from school, security while going to and coming from your working place, potential health risks to a young pregnant girl and her child, family planning methods, complications during pregnancy, smoking, drugs, physical changes, mental changes, menstruation, wet dream, common diseases, misconception and risk of HIV/AIDS.

Findings From the Survey

Socio-Economic Characteristics

Data focused that the students were from lower income and lower middle income family and mostly of them are migrated from rural to urban area with their family. Most of them are involved with full time or part time work. Many of them help their parents running the business. It seemed that male female ratio of the students is almost equal. 245 adolescent students of pre-technical classes were interviewed and of them 48% were boys and 52 % were girls. The students were selected on the basis of their presence on the day and all students were taken as interviewee.

Age

Age of the respondents ranged from 13 to 18 although 5 were aged 12 and one is 19 and another is 23 years old. Average age of the students is 15 (Modal class). It seems that they start schooling in late, as each session lasts for six months.

Access to Mass Media

Regarding mass media it revealed that the students have the access to mass media in a mentionable level. It might be because of their urban living area where they can get access to mass media easily. Research explored that 77 percent of them watched television everyday or almost every day. Besides 38 percent students read newspaper everyday or almost every. Rest of them mentioned that they did not watch television or read newspaper in the last 3 months.

Working Status

UCEP is the organization of underprivileged children who run their life by working full time or part time. Findings revealed that 19 percent of the students are working full time while 51 percent of them are working as part time employee. Rest 30 percent students are not engaged with employment.

Profession of The Guardian

The main profession of the guardian of the students were shopkeeper (20%) followed by bus/truck/ CNG driver (17%), small business (16%), rickshaw puller (12%) and day labor (12%). Besides, other profession including private job, mechanic, skilled labor, hawker, government job, male servant, garments worker, farmers etc. were also found in a very small number.

Passing Leisure Time

The students were asked on their leisure time. The question was multi-responses and 69 percent mentioned that they pass leisure time by reading books, while 61 percent pass leisure time watching television and movie, 42 percent pass time gossiping with friends and others, 38 percent pass time by playing. Also they pass their time by listening music, reading newspaper, meeting relatives.

Main Sources of Water

Students were also asked about their main sources of drinking water. Main sources of their water are tube well inside and outside home (56%) followed by piped water (40%) inside and outside home.

Security at The Community, Work Place and Going and Coming to Schools

Four percent students mentioned that they felt insecure very much and 47 percent of them felt a little bit or slightly insecure while going to and coming back from the school. The students were also asked whether is there any place in the community where they feel insecure to go and 23 percent mentioned '*boys or males gossip place'* and 13 percent mentioned '*where not much people pass through'*. Among respondents 36 percent were boy and 64 percent were girl.

In response to a question whether students felt insecure while moving through the community, 7 percent responded that they felt insecure very much and 43 percent felt a little bit and slightly insecure where as rest 50 percent felt insecure not at all.

Table 1 Feeling Security at The Community, Work Place and Going to and Coming Back from Schools

Issues	Little bit and Slightly	Very much
Felt insecure While going and coming back from schools	47	4
Girls Get teased while going and coming back from schools	45	7
Felt insecure while moving through the area they live	43	7
Girls get teased or verbally abused in the community	46	9
Felt insecure in working place	29	4
Female students get teased while going to and coming back from working place	38	7
Any women/girl have to do any activities unwillingly to get a promotion or increase salary in the working place	19	6

Knowledge on Puberty

Data revealed that regarding the issue of physical changes of boys and girls, knowledge of the students increased significantly.

Table 2 Physical Changes that a Boy Experiences

Issues	Count	Percentage
Hair grows in different parts of the body	116	49
Chest and shoulder widens	52	22
Voice changes	93	39
Ejaculation/wet dream starts	50	21
Reproductive organs grow larger	87	37
Rapid physical growth	71	30
Don't know	93	39
N*	562	

*multiple responses

Table 2 shows about 49 percent of the respondents could mention that during physical changes of a boy knowledge on hair grows in different parts of the body. 39 percent of them mentioned that voice of the adolescents' changes during physical changes of a boy. Interesting to note that, about 39 percent of the respondents could not answer about the physical changes of a boy.

Table 3 Physical Changes that a Girl Experiences

Issues	Count	Percentage
Hair grows in different parts of the body	88	37
Breasts develop	81	34
Menstruation starts	126	53
Rapid physical growth	80	34
Voice changes	85	36
Becomes pretty	71	30
Don't know	77	32
N*	608	

*multiple responses

Table 3 shows that about one third respondents could not answer on physical changes that a girl experiences. However, 53% percent of them mentioned that menstruations starts followed by hair grows in different parts of the body (37%), voice changes (36%), breasts develop (34%), rapid physical growth (34%) and becomes pretty (30%). Findings suggest that adolescents were not so aware of their physical changes. It also proved that they were not informed on this issue.

Whether heard about family planning/ wet dream/ menstruation/AIDS

In response to a question whether students heard about family 55 percent of them mentioned yes and rest of them responded that they did not hear about family planning.

Table 4 Whether Heard About Family Planning/ Wet Dream/ Menstruation/AIDS

Issues	Ever Heard (%)	Boys	girls
Family planning	55	41	59
Wet dream	34	56	44
Menstruation	62	28	72
HIV/AIDS	87	46	54

Knowledge on HIV/AIDS

In the questionnaire there were some questions on misconception and knowledge of spreading HIV/AIDS. Data showed that there were significant change on misconception and knowledge of spreading HIV/AIDS. Many students respond as don't know which indicates that they have clear misconception on many issues regarding HIV/AIDS.

Table 5 How to Spread HIV/AIDS

Issues	Yes	No	Don't know
Coughing and sneezing spread HIV/AIDS.	24	64	15
A person can get HIV/AIDS by sharing food/water with someone who has HIVAIDS.	12	79	9
A person can get HIV/AIDS by taking bath in the same pond with a person who has HIV/AIDS	16	70	14
Having sex with more than one partner can increase a person's chance of being infected with HIV/AIDS	30	19	51
Mosquito bites can transmit HIV/AIDS	20	60	20

Trends of Smoking and Taking Drugs

In response to the question 'does your close friend smoke?' 16 percent students agreed they smoke and the rest don't. Although the question was indirect, nevertheless this information can draw a calculation that students might also involved in smoking. Like smoking they were asked whether their close friend intake drugs through injections and 7 percent of them responded positively that their friends take drugs through injection. It also indicates that students might be addicted with drugs through their friends.

Conclusion and Recommendation

Urban working adolescent students face a variety of problems regarding health. Therefore, it is critical to provide right information on teenage changes. Study revealed that adolescents have lack right information on physical changes. Also they have misconceptions on reproductive health issues. A large number of adolescents are not aware about family planning issues.

Ensuring reproductive health information to urban working adolescent students like UCEP-Bangladesh, BCC materials could be developed. Besides, special attention can be provided as they are less informed about various reproductive health issues. Also reproductive health curriculum could be developed to inform urban working students.

Urban working children are living in such an environment to get accessed to deviant behavior without proper knowledge on social issues especially health related risky behavior. Therefore, reproductive health information could be an effective media to share knowledge among the students as well as their friends and siblings. This group of population might be involved with taking drugs, smoking or risky behavior which can cause even HIV. Providing them reproductive health information can help taking right decision in future. However, the information media should be friendlier considering its nature and languages. Adolescents are the future of the nation who will be turned into productive workforce. Therefore, education and health services are very much necessary to prepare them. Reproductive health knowledge is very much necessary for their development both physically and mentally.

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