COMMUNICATION NETWORK IN REPRODUCTIVE HEALTH INFORMATION DISSEMINATION TO THE ADOLESCENTS

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VOCABULARIES

Local term		English
Babostha	-	Contraceptive Method
Batcha Pete Asha	-	Pregnancy
Batcha Hoya	-	Childbirth
Buk otha, bukpani otha	-	Development of breast
Buk betha	-	Pain in the breast
Bhabi	-	Sister-in-law
Jouno Anuvuti	-	Sexual Feelings
Jounomilon, shohobash	-	Intercourse
Jouno Shomossha	-	Sexual Problem
Jounorog	-	STD
Maiya Boro Hoya, joubon shuru hoya	-	Puberty
Mashik, sharir kharap	-	Menstruation
Shadasrab, meho, Dhatuvanga	-	White discharge

INTRODUCTION

As of end 1996, the global estimates of people living with HIV/AIDS infections stood at 22.6 million (UNAIDS, 1997). By the year 2000, experts assume that there would be about 40 million infections around the world, probably half of those in Asia. Because Asia has many injecting drug users and a lot of unsafe sex and sexually transmitted diseases, the potential for an epidemic is enormous (Alabastro, 1997). Most of the Asian's future depends on how seriously its governments confronted the disease.

In Bangladesh, all risk behaviors for an explosive outbreak exist (Hussain et. al., 1996; Naved, 1996 & unpublished result of BRAC-ICDDR,B, 1997). Moreover, people's knowledge on HIV/AIDS is very low (National AIDS Committee, 1990; Fulton et. al., 1997; Nasreen et. al., 1997 & Bhuiya et. al., 1997). Earlier, we demonstrated how a basic, short and cost-effective AIDS awareness education module could work effectively in rural Bangladesh (Nasreen et. al., 1997). But the problem is – what communication strategies should be undertaken in disseminating AIDS knowledge to the adolescents (age 13-19 years). In developed and many developing countries, peer educators were found to be effective through school-based programs for young people. For a conservative society like Bangladesh it is a problem as sex is still a taboo subject. This study was carried out to explore the existing communication network among the teenagers on reproductive and sexual health. This information in turn, will help the policy planners in formulating appropriate strategies for dissemination of reproductive and sexual health related issues to this particular age groups.

Objectives:

The objectives of the study were as follows:

1. To identify the persons from whom the teenage boys and girls learned about sexual and reproductive health matters.
2. To identify the persons with whom they shared their feelings about these matters.
3. To find out the appropriate persons who can effectively educate the adolescents on reproductive and sexual health related issues.

METHODOLOGY

The study was conducted in Matlab, a rural area in Bangladesh, where the International Centre for Diarrhoeal Disease Research (ICDDR,B) has been operating a demographic surveillance system (DSS) since 1966. As in most of rural Bangladesh, the majority of Matlab population is poor. The dominant occupation is farming and almost all women are engaged in household chores. Farmers, in general, are in marginal economic situation owning less than two acres of land while 30% of the households are landless. About 45% of males and 73% of females have received no formal education (Bhuiya, 1992; Fauveau, 1994).

ICDDR,B divided the Matlab DSS field area into two - an intervention or MHC-FP area (70 villages) and a comparison area (79 villages). In the intervention area, in addition to the regular government program, intensive maternal and child health care and family planning services have been provided by ICDDR,B since the late seventies. ICDDR,B provides only oral rehydration salt (ORS) free of cost in the comparison area but maintain a regular DSS. However, the comparison areas receive regular government health and family planning services.

BRAC extended its Rural Development Program (RDP) to Matlab in 1992. The RDP is targeted to the poorest of the poor, especially women. The main objectives of the RDP are to empower the rural poor and to alleviate poverty through a variety of program, namely institution building (village-based social organizations), functional education, skill and human development training, credit for income generating activities, legal education for females and non-formal primary education for children (BRAC & ICDDR,B, 1994).

Both organizations are interested in understanding the pathways through which socioeconomic development effects the health and well being of the rural poor. Together they have been collaborating to study these pathways in a systematic, statistically valid manner since 1992.

The in-depth interviews were carried out on twelve married women, aged between 21-30 years and ten married men, aged between 25-35 years with an education level

ranging from illiteracy to secondary school standard; and had 1-4 children. Out of respondents/interviewees, seven women and six men were from "target group" [1] (TG), and five women and four men were from non-target group (NTG). The interviews were conducted in BRAC office; so that an atmosphere of privacy prevails and also to ascertain confidentiality.

FINDINGS

The information extracted from the interviews are summarized under the following headings: 1)Physical change during puberty; 2)Menstruation; 3)Marriage; 4)Sexual intercourse; 5)Sexual feelings; 6)Sexual problem; 7)Contraception; and 8)Pregnancy and childbirth.

Physical changes during puberty

Puberty is locally known as *maiya boro hoya*, *joubon shuru hoya* or *boyosh kal*. Respondents said that girls start to develop their breast *(buk otha* or *bukpani otha)* and experience pain in the breasts *(buk betha)* during that period. This is soon followed by menstruation *(mashik)*. Six respondents said that they had heard beforehand about this physical changes from their sister-in-laws *(bhabis)*. Three of the women said that they had heard it from their friends. A woman said, *"My friends and I discussed together what actually happen during puberty. We discussed about development of breast, menstruation and marriage. I could not understand everything but I tried to keep pace with them."* A couple of the respondents had heard it from their grandmother; the rest, one had come to know about it from a cousin, and the other from an older sister. However, when they had experienced physical changes during puberty, it frightened them. Citing her own experience a woman said *"my breast started to develop when I was 10-12 years of age. It was a very painful feeling. I thought it is an abscess. It was*

[1] The criteria for BRAC eligibility is that the household owns no more than half an acre of land including homestead land and at least one member of the household sells at least 100 days of manual labour in a year

shameful as well as frightening for me. I discussed this with my friends." At the same time it also invoked pleasure. During puberty some women felt an intense desire to talk with boys/men, but modesty and social restrictions prevented them from doing so. Most of the women shared their feelings with friends, and discussed which boy is good or bad. Six of them shared with their sister-in-laws, and the rest shared it with her grandmother. In this regard, the sister-in-laws and grandmothers advised them to restrict their movements, to wear cloths at all times and especially not to mix with boys/men.

Usually boys can perceive a physical change at the age of 14/15 years. During this period *(joubon)*, they start to grow beard and hair in some areas of body and to start masculine development. One man said, *"at this stage, a tide of a new river rises in the mind, which causes boys and girls to meet intimately and freely."* Five of the men said that they had heard about this physical changes from their sister-in-laws. Four of the men said that they had heard about it from friends and older cousins. According to a man *"boys discussed this subject in a group to make fun and they enjoyed."* A couple of them came to know it from books. Generally, they feel an excitement inside the body during puberty. Some men felt vicious urge to make love with girls. Another man said, *"when I felt a desire for sex, I did masturbation for relief and I told my experience to my friends."* Some respondents said that they got pleasure when they experienced these physical changes. Almost all of them shared their feelings with their friends. During puberty, some of the respondents had encountered nocturnal emission *(shawpnodosh)*. All of them shared about it with their sister-in-laws. In this regard, sister-in-laws advised them to get married. According to a sister-in-law *"shawpnodosh is a disease, it weakens the body severely. Chronic nocturnal emission damages the penis (purushango) and also leads to white discharge (shadasrab, meho). For cure, one should get married as early as possible."*

to earn a livelihood (BRAC & ICDDR,B 1994).

Menstruation

The local term of menstruation is *mashik or sharir kharap*. They defined it as discharge of blood that comes out of the genital tract, usually starting at the age of 10-12 years and persisting for 4-7 days. Six of the respondents said that they heard about menstruation from sister-in-laws. Four said that they came to know about menstruation by observing others like an older sister, a sister-in-law, a cousin, etc. Two of the women had heard it from grandmothers, one from a cousin and one from an older sister. One woman said, *"My friends said that menstruation would be started at the appropriate age and would occur in every month. After hearing this I thought what it is and I became frightened."* Moreover, the actual experience left them with a feeling of guilt, as most of them thought that they were moral before menarche. In most cases, this frightened them. Some of the women shared their feelings with friends (four) and sister-in-laws (four). A couple of the respondents shared this experience with cousins, and another two respondents admitted to sharing it with their grandmothers. One woman said she discussed it with her mother, and another with an older sister. The sisters-in-laws, mothers and grandmothers assured them that it is a normal physiological condition and taught them how to use pads. They advised them, *"to move very cautiously and not to mix with boys/men, because the capacity to conceive is started with the onset of menstruation."* One said, *"After the onset of menstruation, my sister-in-law told me that it is a private condition, so you should move very carefully so that even your father and brother do not know it."* Another said, *"My cousin advised me not to take any fish during the menstrual period as fish created bad smell in the blood."*

The men came to know about menstruation mostly by observing the sister-in-law, older sister or cousin. Some of the respondents said that they heard about menstruation from friends. When they came to understand about menstruation, almost all of the men dislike it. One man said, *"Menstruation created a feeling of hate inside my mind, because it is a dirty matter."* Another man said, *"During menstruation, it is prohibited to do sexual intercourse, it is bad."* A couple of men interpreted menstrual blood as infected blood, so that it is healthy for women when this blood go out from the body. Some of the

respondents discussed that a woman become pregnant only after menstruation. Most of the respondents shared their feelings with their friends. A couple of respondents admitted to sharing it with their sister-in-laws.

Marriage

Marriage was explained as a common social occurrence between men and women at the appropriate age, and women would go to their fathers-in-laws house. Most of the women had heard about marriage at the age of 8-10 years from their grandmothers. One woman said, *"My grand mother told me that I had reached the appropriate age, so that I would be married very soon. Then I started thinking all the time about my marriage and my prospective husband. If my parents had wanted to marry me off to a bad man, I would never marry him. I shared my feelings with my friends."* Five of the respondents came to know of marriage through observation of actual ceremony. Five had heard it from their sisters-in-laws and four from peers. Two of the women said that their mothers and sisters had told them about it. All respondents had admitted of dreaming of their own marriages. A woman mentioned her dream as *"I dreamt I would be married at the appropriate age. Then my husband will love me and I can do sex with my husband. I would like to discuss this with my friends."* A man is good is judged by appearance and by wealth; a good husband would always love his wife. Some of the women voiced their feelings of fear. For example, *"After hearing about marriage I became afraid. I thought how it would be possible to live with an unknown man in father-in-law's house." "Before my marriage some of my friends told me that I was free because I could move freely. After marriage everything would be controlled with the husband's wish. After hearing this I became frightened."* Five of the women did not express their feelings to anyone else because of shyness, but four shared this with their sister-in-laws, and three with peers. Only one woman said that she shared her feelings with her cousin.

Most of the men had heard about marriage from grandmothers and some from sister-in-laws at the age of 7-9 years. A couple of respondents came to know it through observation of the actual ceremony. During puberty, men felt an intense desire for

marriage and sex. All of the men had admitted of dreaming fair and good wives. Some men had made the relationship of love with some women during puberty. A majority of men shared their feelings with friends. Five of the men admitted of having shared it with their sister-in-laws.

Sexual intercourse

Sexual intercourse is locally known as *jownomilon, shohobash, or shami-istrir melamesha*. Eight women acknowledged that they knew about it before their marriage from their sister-in-laws. According to a woman: *"My sister-in-law had told me that after marriage your husband would do sexual intercourse with you and it is a normal physiological matter. She also advised me not to be afraid of it. After knowing all, I became afraid but sometimes I felt an intense desire to do sexual intercourse with my lover. I never did it because there would be a chance of pregnancy. I did not share these feelings with anyone."* About four of the respondents admitted to have heard about it from friends, two from cousins and one each from grandmother and lover. Citing her own experience one woman said, *"In my bridal bed, during my first sexual intercourse with my husband, I became afraid but delighted at the same time."* The married ones shared their experiences with friends. One of the women informed that her cousins discussed why women became pregnant after marriage, and that she had inadvertently found out that one of her class friends had become pregnant after marriage. Four of the respondents thought that sexual intercourse was a fact of life and essential for mental and physical pleasure including childbirth. One woman said, *"for this pleasure husbands provide food, cloths and shelter to their wives."* A number of women informed that their first intercourse was painful and became frightened when it persisted for 2 to 3 days. However, they found that it was essential for enjoyment in life. Five women shared their feelings with their sister-in-laws. A couple of women could not share their feelings with anyone. One woman explained the reason as *"I always discussed about others; I never discussed my own sexual experience with anyone else. I thought it was a private matter and it should not be discussed with anyone."*

Men considered sexual intercourse as good religiously. A few said that it is bad for health. Most of the men had heard about sexual intercourse from their friends in school at the age of 13/14 years. About four of the respondents admitted to have heard about it from their sister-in-laws. The sister-in-laws said, *"After getting married you will have sexual intercourse with your wife and your wife would be pregnant."* Following this, some waited for marriage and some of the men felt an intense desire to have sex with women. A man said, *"when I read in class VI, I went to Dhaka for an excursion. There I made friendship with a Pakistani boy. I saw his sister and entranced. Gradually, I made love with her and had sexual intercourse. I had new feelings. I shared this feelings with my friends."* The married ones shared their experiences with friends. A couple of men had experiences with the prostitutes. Most of them suffered from STDs. They said that they contracted STDs from the prostitutes. Some men had experience of masturbation and got pleasure. Most of the men shared their experience with their friends. Only a few shared their feelings with their sister-in-laws.

Sexual feelings

Sexual feeling is locally known as *jouno anuvuti*. Generally women felt a thrilling sensation in their bodies and mind at the age of 12-13 years when they were fantasizing about intimate association with boys or even when talking to a boy. Citing her own experience a woman said, *"I asked my husband why this kind of feelings happened, he told me it is normal, it is a inebriation."* Seven of the women admitted to have had learned about sexual feelings from sister-in-laws, who would in turn reciprocate their own feelings with them. Two women had learned about it from peers and one from cousin. Most of the women said that they expressed their feelings to their husbands and five of the women said that they shared their feelings with their sister-in-laws. Four of the respondents were too shy to share their feelings with anyone. Five women said that though they experienced sexual urge, they could not express it to anyone due to shyness. Another one said, *"I felt the urge many times. But only occasionally I can tell it to my husband. At other times I kept it in my mind silently."* However, some of the

women admitted to have disclosed their feelings of sexual urge to their husbands and also, some of them admitted to have fantasized in the absence of their husbands. But one mentioned, *"It is not needed to tell my husband about my sexual urge. He reads my mind at all times."* Another woman said that when she felt sexual urge, she would mention it to her husband and if her husband did not respond to her at that time, she forced him to have sex. Two respondents said that women never have an urge for sex, and it is entirely an experience exclusive to men.

Men expressed both enthusiasm and moral indignation at being questioned about sexual feelings. For example, they said things like, *"sex means youth"*, *"I heard and had sexual feelings and in my opinion, because of this, bad deeds are done."* Most of the men had heard about sexual feelings from their friends. Usually friends are joking about sex and sexuality with their lovers. One man said, *"It is not necessary to discuss about sexual feelings with anyone, because it is matter of prestige."* A majority of the men admitted to have disclosed their feelings of sexual urge to their wives after marriage and before marriage to their friends. Some of the men said that, though experiencing sexual urge, they could not express it to anyone out of modesty.

Sexual problem

Sexual problem is locally known as *jouno rog* or *kharap rog*. Sexual problem is said to exist if a woman have no desire for sex though her husband desires it and, if she does not get any pleasure out of sexual intercourse and feels weak and no sensation. A majority of the women experienced pain during sexual contact with their partners and difficulties in walking, sitting and lying down. Other common problems

like ulceration, lower abdominal pain, pain in the groin, burning pain during micturation, itching *(chulkani)* and white discharge *(shadasrab; meho)* were mentioned as a consequence of sexual contact. Almost all the respondents, excepting one woman, admitted sharing their problems with their husbands; and some were even advised to see a doctor. The husbands of two of the women assured them that it was normal and would heal spontaneously. The husbands of three of the respondents took their wives to the doctors. One of the respondents could not tell her husband due to shyness. Five women said that they shared their problems with sister-in-laws. The sisters-in-laws of some of the women advised them to wash the pelvic region with warm water. A woman said, *"I discussed my problems with my grandmother. She told me 'It is normal for all women. When the symptoms would be severe, then these are diseases."*

Men mentioned bleeding from penis, burning pain during micturation and white discharge as common problems in the village. They interpreted these problems as the consequence of bad characters *(charitra kharap)*. Some of the men had experienced these problems at least once in their life. Most of the respondents could not tell their problems to anyone out of modesty. A couple of respondents admitted to share their problems with their friends.

Contraception

The local term for contraception is *babostha*. A majority of the respondents had heard about contraception from the village health workers and five from the neighbors, relatives or friends. A couple of women had also heard about it from the radio. When women using any contraceptive method, experienced any side effects, they discuss this with the doctors or the village health providers.

Most of the men had heard about contraception from their neighbors, relatives or friends. A couple of respondents came to know about it from their wives. About half of the men supported contraception. Some mentioned, "It is harmful for health." They discussed with their friends about it.

Pregnancy and childbirth

Most of the respondents had heard about pregnancy and childbirth from their grandmothers before marriage, at the age of 7-12 years; five heard it from sister-in-laws, four from their cousins, and two of them from their aunts. Four of the women had learnt about it from observing other women getting pregnant. When they were aware of being pregnant, they would inform their husbands first. Some also shared this with their sister-in-laws. They were delightful at that time. Though, some became afraid as they learned from other about the process of delivery, which was very painful. For example, *"My mother is a traditional birth attendant (dai). When She went to attend the delivery cases, sometimes I accompanied her, and observed the whole process." "After hearing about the pains of pregnancy and childbirth from my cousins, I became frightened thinking that I would be pregnant after marriage."* They would share any pregnancy-related complications with their husbands. The women told their grandmothers, aunts or other guardians about their problems only when asked. In this case their grandmothers, sister-in-laws and neighbors advised them on some aspects of movement, *din khon bechhe cholo*. According to a woman, *"During my pregnancy, my mother told me 'don't go out of the house in the evening.' She also advised me about eating and drinking."*

Men's perception is *"If anyone would do sexual intercourse after menstruation is established, the woman may become pregnant."* Most of the men came to know about pregnancy and childbirth at the age of 10-12 years from their friends. A couple of respondents had heard about it from their sister-in-laws and some from their wives. When their wives became pregnant, they became delightful and informed their friends, sister-in-laws and guardians. Some did not share it with anyone due to shyness.

DISCUSSION AND CONCLUSION

This paper addressed the existing communication network among teenagers regarding reproductive and sexual health. This needs attention for designing an integrated reproductive and sexual health program for the teenagers.

Some studies were conducted to provide some baseline data on risky sexual behavior among general population in Bangladesh. Several dimensions of sexual behavior that are considered risky do exist in the area (unpublished data of BRAC-ICDDR,B, 1997; Naved et. al., 1996; National AIDS Committee, 1990 & Aziz et al., 1985) and people were unaware of it. But knowledge about high-risk behavior is essential for AIDS prevention among rural people including the teenagers. We sought to identify the persons from whom the teenage boys and girls had heard about sexual and reproductive health and with whom they shared their feelings. It is essential to identify these persons for appropriate and effective communication and success of interventions to reduce the risk of STD/HIV infection.

In Thailand and other countries, both women and men talked about AIDS and risky behavior primarily with friends and siblings (Nishino et. al., 1997; Antunes et. al., 1997). Our study findings showed that both men and women felt free to talk about the physical changes during puberty, marriage, sex, sexuality, sexual problems, pregnancy and childbirth with their friends and sister-in-laws. Boys usually discussed on these issues in a group to make fun and enjoyed. Within the household, they are joking with their sister-in-laws regarding these subjects. When girls reached near puberty, their sister-in-laws cracked joke with them about their physical change, marriage, sex and sexuality. Practically when girls had experienced the physical change during puberty and menstruation, it frightened them and they shared their feelings with their sister-in-laws. Whilst some events invoked pleasure and excitement, then girls would like to discuss their feelings with their friends.

Grandmothers would also play an important role in communicating the reproductive and sexual health information. The study findings revealed that they

provided some important advice to the girls regarding menstruation, pregnancy and among rural population in Bangladesh", Research and Evaluation Division, BRAC, 1996.

The study findings provided deeper insights into the major source of reproductive health information dissemination among teenage boys and girls are their sister-in-laws and friends. For proper dissemination of reproductive health messages to the teenagers, their sister-in-laws and friends may play an important role. However, they must be adequately trained on reproductive and sexual health, so that they are better equipped to meet the needs of the adolescents.

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