ACCESS TO CONTRACEPTION AMONG EDUCATED URBAN YOUTH

Dissertation Submitted in Partial Fulfilment of the Degree
Masters of Development Studies (MDS)

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Declaration

I hereby declare that content of this thesis has never been submitted for fulfillment of another academic degree or certification to other academic institutions or universities- except this degree Masters in Development Study (MDS) at BRAC University, Bangladesh. I also confirm that this dissertation work is an illustration of my own research work. Any research works of other writers in this paper have been distinctly recognised.

Certification

It is indeed a great pleasure to certify that the dissertation entitled "Accessing to the contraception among educated urban youth", completed under my guidance and supervision, is a unique work of Anika Binte Habib. So far I know, the dissertation is an individual achievement of the candidate's own efforts and it is not a joint work. Also, I would like to acknowledge this dissertation acceptable for submission to BRAC Institute of Governance and Development (BIGD), BRAC University for partial fulfillment of the prerequisite for the degree of Masters in Development Study (MDS).

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Thank you,

Anika Binte Habib

Abstract

Every year, a significant segment of population is entering into adult life in Bangladesh; this population is vulnerable to their overall reproductive health. Bangladesh does not have any nationally representative data, which sheds the light on the knowledge level on Sexual and Reproductive Health and Rights (SRHR) among the young population. While this poses a challenge, there are other sources of data, which measure comprehensive knowledge on HIV that points the low levels of knowledge among young people. In Bangladesh, young people bear many health burdens such as early marriage to unintended pregnancy, unsafe sex, and recourse to abortion as a consequence of non-use of contraceptives or method failure. There is a lack of focus on the unmarried young people who also are much vulnerable to the unsafe sex. Due to socio-cultural barriers, they often face challenges to access to the contraception. Young women are more vulnerable to this because of the patriarchal structure of the society. Despite of Government of Bangladesh's many efforts to expand contraceptive access among young people; very few were considered on young people living in Dhaka. This study was done to identify knowledge and challenges remaining accessing to the contraceptive methods among educated urban young people living in Dhaka. The study uses both qualitative and quantitative methodologies. Eighty-five young people living in Dhaka were surveyed and three Focus Group Discussions were organised. Other than that, literatures related to current situation of young people living in Bangladesh were reviewed. Result shows, unmarried young people are also trying to access to the contraceptives. The study identifies the challenges which urban educated young people face to access contraceptive methods in Dhaka because of socio-cultural factors, religious factors, taboo and stigma. The result suggests that young people are also willing to try new contraceptive methods if these are available and affordable for them without any judgement and stigma.

Abbreviation

AIDS	Acquired Immune Deficiency Syndrome
BBS	Bangladesh Bureau Statistics
BDHS	Bangladesh Demographic Health Survey
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Devices
LARC	Long-acting Reversible Contraceptives
MSM	Men sex with Men
NASP	National AIDS/STD Programme
NGO	Non-government Organisation
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UNAIDS	United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Chapter 1: Introduction

1.1 Background of the study

Bangladesh has an adolescent population of approximately 36 million (BBS, 2015). It has an adolescent and youth population amounting to one third of the country's total population. However, this young mass faces a number of issues such as early marriage, high fertility, limited negotiation skills, and insufficient awareness of and information about reproductive health (Barkat and Majid 2003). More specifically, the young people are poorly informed about contraception (Ainul et al 2017). About 85% of girls in rural areas of Bangladesh are married by the age of 16 (International HIV/AIDS Alliance 2016). Contraceptive use is 42% and one-third of adolescent girls begin childbearing between the ages of 15-19 years (NIPORT, Mitra and Associates, and ICF International 2015). According to UNAIDS Bangladesh, around 13% of adolescents and youth have comprehensive knowledge on HIV (UNAIDS, 2016). Furthermore, the Bangladesh Demographic and Health Survey (BDHS) highlights that only 12% of ever-married adolescents had comprehensive knowledge about HIV/AIDS (NIPORT et al. 2015). Lack of adolescent's knowledge about sexual and reproductive health (SRH) issues results in unawareness about their choices and how to negotiate sexual relationships, and their limited access to SRH-related services (Nahar et al. 1999).

The United Nation's Sustainable Development Goals (3, 4, 5 and 8) focus on young people's access to the information and services related to SRH; and addressing gender inequality, negative social norms and early pregnancy in the adolescent health (SDG 2015). The Government of Bangladesh has taken many initiatives to address various health issues of the young people. Nonetheless unmarried young people fall outside the existing reproductive health care service system, given the regulation that SRH services are available only to married women and eligible couples (Ainul et al., 2017). According to the Bangladesh Demographic Health Survey (BDHS), adolescents aged 15-19 contribute up to one-fourth of total fertility (NIPORT et al., 2015). The

use of modern contraception by women of reproductive age (15-49 years old) is 52% overall (Ibid). Rates of contraceptive use are even lower among those who have not yet had children. In another study, it was found that 20% of married adolescents without children were using contraception, compared to 42% among all adolescents (Amin and Bajracharya, 2011). Adolescent girls enter married life without proper knowledge of contraception and with limited ability to exercise their reproductive rights, including decisions related to family planning, childbearing and maternal and child health services, and usually begin childbearing soon after marriage. The burden of using contraception is always higher on women and the promotion and awareness generation on contraceptive methods is higher for women than men. Further, young girls and men cannot use contraceptives as a result of stigma**.**

A recent qualitative study in Dhaka found that adolescent girls and boys were insufficiently informed or misinformed about SRHR because of lack of information from their parents and school (BRAC University 2012). Continuing misconceptions about reproductive health services such as accessing contraception before marriage are being looked at through the lenses of taboo and stigma, which leads to reluctance to discuss and address these issues. This in turn leads to fallacy and lack of access to the services which creates a huge, neglected domain of reproductive health rights and is a source of silent suffering. This study attempts to contribute to add knowledge on situation, perception and policy option required in this field.

1.2 Aim and objectives of the study

Urban educated young people continue to experience major constraints in making informed life choices and accessing to the contraception: a significant number of young people experience risky sexual activity, do not receive prompt or appropriate care and, as a result, experience adverse health outcomes. This requires clear attention because young people are usually vulnerable to unsafe sex, unintended pregnancy and unsafe abortion and they need adequate knowledge on contraception to have safe sex and safe life for the present and the future. With this backdrop the overall goal of this study is to assess the educated urban youth's access to contraception in Dhaka, Bangladesh. To achieve the overall goal of the study it has several objectives:

- To explore the socio-cultural factors affecting contraceptive use and method choice among the educated urban youth
- To examine the extent of unmet need for contraception among the educated urban youth
- To determine factors influencing the readiness of the educated urban youth to adopt different contraceptive methods

1.3 Research questions and hypothesis

In order to assess the educated urban youth's access to contraception in Dhaka, the following questions and sub-questions have been formulated.

1. What are the socio-cultural factors that affect contraceptive use and method choice among educated urban youth?
    - Is religion a factor?
    - Does the issue look through the lenses of taboo and stigma?

2. To what extent, there is an unmet need of contraceptives among educated urban youth?
    - Is the contraception available for this group?
    - What types of contraception available in the market which can easily meet the need of this group?

3. What are the factors that influence the readiness of educated urban youth to adopt different contraceptive methods?
    - Is information available on different contraceptive methods?
    - Is this group aware and sensitised to adopt different contraceptive methods?

Three assumptions can be made in case of the study such as

- Socio-cultural factors hinder urban educated young people's access to the contraception use among
- There is an unmet need of contraceptives among educated urban youth
- If the right information is available and young people are aware of the different contraceptive methods, they might adopt different contraceptive methods

1.4 Rationale of the study

Most of the people in Bangladesh, especially, youth are poorly informed about contraceptive use. They need adequate, comprehensive and sustainable policy support and strategic direction to capitalise on them so that they develop life skill and acquire required information for sound sexual and reproductive health for at present and in near future. Therefore, it is imperative to know what challenges this young people are facing in accessing contraception. Though it is a small study, it will trigger the conversation about the use of contraception among urban educated youth.

1.5 Significance of the Study

Young urban educated people face many hurdles in access to the contraception. It is important to identify the factors that hinder their access to the contraceptives. This study generates the updated knowledge on the contraceptive use among urban educated young people. Findings from the study will be shared with the INGOs, NGOs, development practitioners and development partners. It can be beneficial for them to see what the current situation is and what can be done in terms of designing and/or redesigning programmes which are focused on young people health and contraceptive methods.

1.6 Structure of the study

Chapter One has already outlined the background of the study, research objectives, research questions and hypothesis, and rationale and significance of the study.

Chapter Two covers literature reviews including the current situation of young people and comprehensive sexuality education, child marriage, unmarried young people and young people with diverse sexual orientation.

Chapter Three includes conceptual framework, methodology of the research, design of research, data source, sample and data collection procedure and data analysis.

Chapter Four illustrates the findings and analysis of the data covering basic information of the surveyed young people, socio-cultural factors affecting contraceptive use and method choice among urban young people, the extent of unmet need of contraceptives among educated urban young people, the readiness of educated urban youth to adapt different contraceptive methods and other relevant findings.

Chapter Five summarises the research findings. In this chapter, limitation of the study is also described. It delves into the possible actions that can be taken to address the challenges. It provides recommendation and indication to create mass awareness to not only break the taboo as well as to improve knowledge level.

Chapter 2: Literature review

This chapter contains review of related literature to explore, identify and summarise existing evidence on the current situation of young people in Bangladesh; such as child marriage, unmarried young people and young people with diverse sexual orientation. This review collects information and evidence on the underlying and basic determinants of vulnerability of young people which still exist.

2.1 Current situation and comprehensive sexuality education of young people in Bangladesh

According to an article published by The Daily Star (May 23, 2015), Bangladesh has young population that covers one-third of the whole population of the country. Adolescents in Bangladesh often enter their reproductive years with poor knowledge about protection from pregnancy and infection and their reproductive choices (IPPF, 2009). For this, the government is highly concerned to assure all the rights of this population to have healthy, productive and educated life.

The population should be imparted comprehensive sexuality education (CSE), which should include scientifically accurate information about human development, age appropriate, anatomy and reproductive health, as well as information about contraception, childbirth and sexually transmitted infections (STIs), including HIV (UNESCO 2009). CSE has shown to be effective, in a variety of cultural and socio-economic backgrounds, to be effective in delaying initiation of sexual activity, reducing unintended pregnancy, and increasing condom and contraceptive use (Alford S et al. 2003; Haberland and Rogow 2015; Patton et al. 2016). However, youth are poorly informed about their sexual and reproductive health and rights in Bangladesh.

The implementation of existing CSE curriculum is limited by the delivery mechanism i.e. teachers who do not use a rights-based approach; rather allow their perceptions and attitudes to affect how information is delivered to students. According to the research, *Religious Extremism*

and Comprehensive Sexual and Reproductive Health and Rights in Secondary and Higher Secondary Education in Bangladesh', the teacher training system does not include CSE as part of their training material (Sabina 2016). It says that, the teaching modules that are used are not uniform and consistent across the streams—Bangla medium, Madrasas and English medium. The teachings in the Madrasahs focus on issues of preserving the purity of one's body and virginity, classifying various behaviours as sins, and actions prohibited by religion. The transfer of information is influenced by teacher judgement and perceptions (Ibid).

2.2 Current situation of child marriage and early pregnancy

Child marriage is the topic of utmost importance in respect of access to contraceptive methods. Over the past decades, Bangladesh has been successful in reducing maternal mortality and neonatal mortality by a great percentage. However, this change would not be sustainable if the concentrated efforts are not undertaken to prevent child marriage. The Government of Bangladesh enacted 'The Child Marriage Restraint Act 2017'. The new Act contains a provision to allow marriages for girls under 18 in "special cases" or for "the greater good of the adolescent". The Act does not define what types of "special cases" make child marriage acceptable.

The mental, physical and economic well-being of the girl child being married off under these special circumstances is completely overlooked. According to the study conducted by Asia Population Council on Early marriage as a risk factor for mistimed pregnancy among married adolescents in Bangladesh described how child marriage leads to early and mistimed pregnancies, in part due to young girls' lack of power and agency (Ainul and Amin 2015). A baseline survey found that 50% of married adolescents (ages 12-19) had been pregnant before, and that 22 percent gave birth by age 15 (Amin et al. 2014). These practices contribute to making adolescent fertility in Bangladesh among the highest in the world. In Bangladesh, 52% of girls are married before the age of 18, which is one of the highest rates in the world (UNICEF 2016). Furthermore, according to the Bangladesh Demographic and Health Survey 2014, rural married and urban married adolescents have experienced some form of violence by their partners (NIPORT et al., 2015).

As a child bride, they are neither mentally nor physically ready for sexual relationship. It also affects their ability to continue education and employment, according to the research on *Impact of SAFE intervention on sexual and reproductive health and rights and violence against women and girls in Dhaka slums* (Naved and Amin, 2014). Many organisations are already working on child marriage and developing effective tools for mass awareness about this subject matter. Research on Delaying Child Marriage through Community-based Skills-development programs for GIRLS identifies that education has been proven as an effective method to reduce child marriage (Amin et al 2016).

2.3 Unmarried young people and their rights to SRH services

According to National strategy for Adolescent Health 2017-2013, unmarried adolescents fall outside the existing sexual and reproductive health care service system, given the regulation that SRH services are available only to married women and eligible couples (MCH Services Unit And Directorate General of Family Planning, 2016). The systematic analysis of the effectiveness and gaps of existing adolescent SRH interventions and programmes, conducted by Population Council, revealed that health services were not tailored to meet the SRHR needs of unmarried adolescents (Ainul et al., 2017). Married girls, due to the social acceptability of sexual union and childbearing inside marriage, are able to seek and receive a host of SRH, maternal health, and family planning services, irrespective of their age. However, programmes and policies continue to restrict unmarried young peoples' access to SRH knowledge, information and services, which makes them vulnerable to health risks and discriminatory treatment (Ibid).

2.4 Young people from diverse sexual orientation

In pursuance of Article 12 of the Constitution of the People's Republic of Bangladesh (04 November 1972), the government of Bangladesh gave legal recognition to the long-marginalised Hijra population by officially acknowledging the community as the 'Hijra sex' in 2014. However, it neglects to provide a definition of what the third legal gender constitutes. While this recognition was aimed at securing the basic rights of transgender people and creating avenues for

employment for the Hijra community, in reality, it exposed the community to serious abuse and discrimination, since the recognition builds on the sole interpretation of the Hijra as a special group of 'disabled' people with genital defects, or missing or ambiguous genitals (Hossain 2017). As a result, candidates under the government employment programme, who were transgender, were denied employment on account of *not* qualifying as Hijra when, after being subjected to humiliating medical examinations, it was found that they only had male genitalia (Human Rights Watch 2016). Instead, they were accused of impersonating Hijras (Ibid). In the absence of a rights-based procedure for the legal recognition of the Hijra community, transgender people are increasingly vulnerable to violations of their human rights (Hossain 2017).

Lack of inclusion of this transgender group in national laws and policies particularly endangers the young people from diverse sexual orientation to access to fundamental services such as sexual and reproductive healthcare (Takacs, 2006). The HIV/AIDS Intervention Services offered under the National AIDS/STD Programme (NASP) by the Ministry of Health and Welfare until 2011, which aimed to prevent HIV transmission and protect the rights of high risk groups and people living with HIV, targeted only five such groups (including men who have sex with men (MSM), sex workers and the Hijra community), effectively excluding other gender diverse and sexually diverse groups of people - who are equally vulnerable - from the scope and support of the Programme, according to Joint UN Programme on HIV/AIDS (UNAIDS, 2012).

The discussion in this chapter based on literature highlights a number of issues on the current situation of young people and laws in Bangladesh. While reviewing the literatures, it was clear that not many programmes focused on unmarried young people and their rights to reproductive health services. This demonstrates the importance of comprehensive sexuality education and rights to recognition and access to services. The review also unfolds gender dynamic in the society which determines access to services. The sexual diversity has been ignored by the Government programme which puts the young people from different sexual orientation in greater risks.

Chapter 3: Conceptual Framework and Research Methodology

With the review of related literature in the previous chapter, this chapter describes the conceptual framework adopted for this study. It also outlines the methodology based on which data were collected and analysis was done.

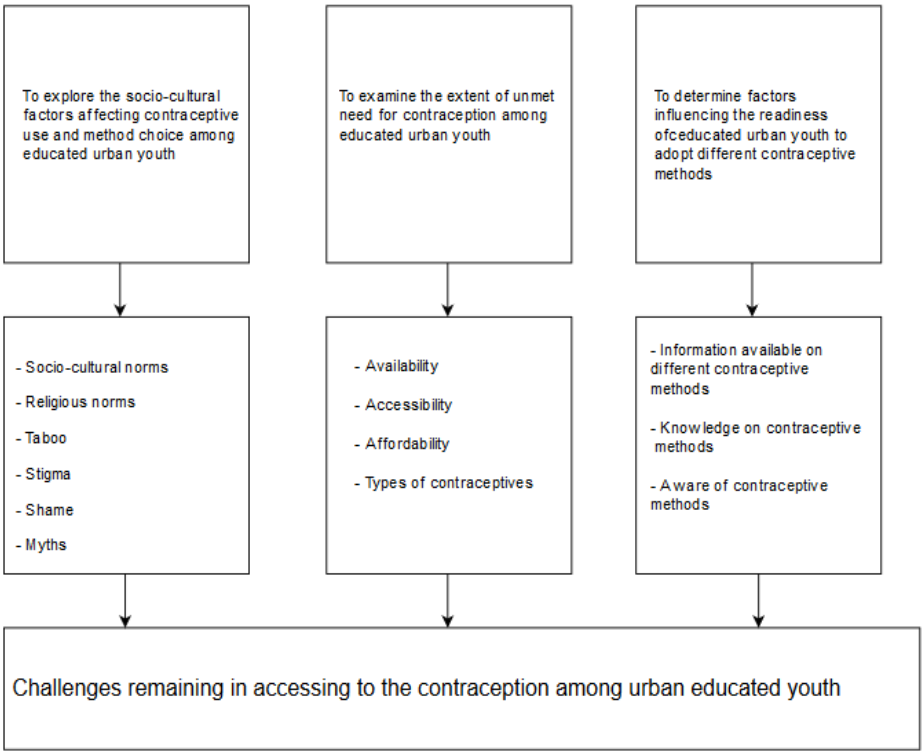
3.1 Conceptual Framework

The objective of this study is to explore the socio-cultural factors, examine the extent of unmet need for contraception among urban young people and determine the factors influencing the readiness of this group to adapt different contraceptive methods. Following to that, the study leads to assess the accessibility of contraceptive methods among young people living in Dhaka.

The study explores substances based on the concept that, socio-cultural and religious norms, taboo, stigma, shame and myths influence the contraceptive use and methods among unmarried urban young people and these are different than married young people. Similarly, the unmet need for contraception among them is dependent on factors such as accessibility, availability, affordability and types of contraceptive. Finally, the readiness of urban youths to accept different methods of contraception depends on knowledge, awareness and information available.

The conceptual ideas in the framework are shown in Figure 1.

Figure 1: Conceptual framework regarding contraceptive use among urban youths in Dhaka



3.2 Research Method

In order to achieve the research objectives, the study used both quantitative and explanatory qualitative research methods. Data were collected through survey and Focus Group Discussion (FGD). This study also reviewed different literatures on the issue.

3.3 Study Area

Dhaka is a diverse city located in central Bangladesh along the Buriganga River. Not only is it the capital city, but it is also the largest in the country. In 2016, the population is 18.237 million

in the Greater Dhaka Area (World Population Review 2017). Dhaka is the most populated city in Bangladesh, and it is also one of the most populated cities in the world.

Conservative attitudes and traditions, combined with social stigma, affect the Sexual and Reproductive Health and Rights (SRHR) of young people living in Dhaka. Young people have inadequate sexuality education, and lack access to quality youth friendly SRH services including contraception. Areas such as urban slums exist in complete service gaps further depriving young people of SRH services. Gender and sexually diverse populations face discrimination, stigma, harassment and violence from family members, schoolmates, police, and at the workplace, healthcare facilities, and government offices.

Considering these issues and also given the time frame, this study focused only in Dhaka.

3.4 Population

It is important for the study to have a well-defined individual who share the same characteristics. The target population and sample size is given below for this study:

- Target population: Urban educated youth
- Age: 14-25
- Sample size: 85

3.5 Data Collection Method

Survey

Survey is defined as "the collection of information from a sample of individuals through their responses to questions" (Check & Schutt, 2012, p. 160). For this study, 25 young people were selected from those who are living in Dhaka and age between 14 and 25. Samples were selected by using simple random sampling.

A structured questionnaire was developed to be administered among the respondents. The questionnaire included both open and close ended questions. The questionnaire is given in Annex 1.

Focus Group Discussion (FGD)

Three Focus Group Discussions were organised with the sample population to study their reactions, perceptions, knowledge, ideas, attitudes, beliefs and opinions on the contraceptive methods. These open discussions helped to determine the reactions that can expected from larger population as well as validating the responses which were received from the survey. FGDs were interactive sessions to bring out the most possible information about access to contraceptives.

In total twenty-seven young people were invited for the Focus Group Discussion. They were divided in three groups: male group, female group and mixed groups. Purposive sampling technique was followed to select the sample. They have been selected based on their age, current educational background and their location.

3.6 Data Source

Both primary and secondary data and information has been collected for this study.

- Primary data and information has been collected from young people who are living in Dhaka and age between 14-25 through survey and FGDs.

- Secondary data and information was collected from different documents related to this study; such as academic research, action research, newspaper, and journal articles.

3.7 Data Analysis

The responses and contents from the survey, Focus Group Discussion and available literature were analysed and reviewed.

Chapter 4: Data Analysis and Findings

Young educated people living in Dhaka have more access to any sort of information. Though they have some ideas about contraceptive methods and its usage, but it does not necessarily mean they have clear idea and access to the services. The hurdles they face to buy contraceptives were also identified during this study. This chapter analyses data collected from different sources and explain findings based on analysis. Data collection and findings were mainly focused on the three objectives of this research.

4.1 Profile of the surveyed young people

- The surveyed young people are age between 19-25 years
- 53.1% are female and the remaining (46.9%) are male
- 78.9% are the students and 21.1% are service holders
- Surveyed young people mostly live in Dhanmondi, Gulshan, Banani, Mirpur
- 26% are married, 44% are single and 30% are in a relationship
- 82.1% said that they were sexually active and 17.9 reported the opposite (Figure 2)

4.2 Profile of the Focus Group Discussion participants

- All the participants are age between 15-24
- All of them are from Dhaka
- All of them are private university students and some of them are working part time
- Most of them are unmarried
- Most of them are sexually active

4.3 Socio-cultural factors affecting contraceptive use and method choice among urban young people

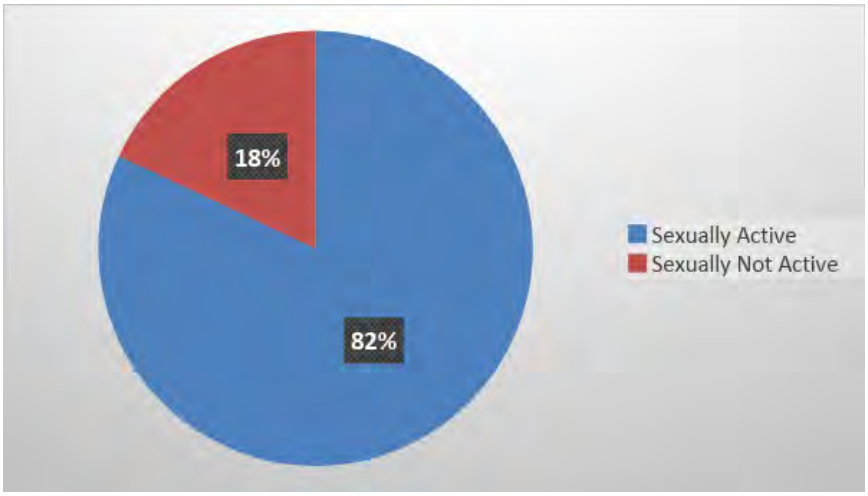
Contraceptive use has increased because people are more aware about the consequences of unsafe sex. Since young educated people have some information about the use of contraceptive, they at least seek to access the service. Due to hurdles, it is often challenging for them. This study shows the socio cultural barriers that they face to have access to the service.

4.3.1 Young people active in sexual relationship

Figure 2 shows that most of the surveyed young people are sexually active (82%) and also majority has admitted that they had sex before getting marriage. Only 18% of surveyed young people are not sexually active. However, one the important fact came out in the survey is some of them engage in sexual activities in very early age without having proper knowledge on contraceptive methods. One participants of interview stated:

"I had my first sex when I was 17"- A student from a Private University in Dhaka

Figure 2: Percentage of surveyed young people active in sexual relationship



4.3.2 Buying contraceptives by the young people

It was revealed that more than half of the surveyed young people (63%) bought different contraceptive methods for themselves; including unmarried couples. Only 37% surveyed young people did not buy contraceptive methods by themselves. The percentage of the surveyed young people who bought contraceptives for themselves is given in Figure 3.

Figure 3: Percentage of the surveyed young people who bought contraceptives for themselves

During the Focus Group Discussion with the female group, most of the participants said that, they have used oral pills but they never bought it for themselves. Their partners usually buy contraceptive methods for them as stated by a young woman in the interview:

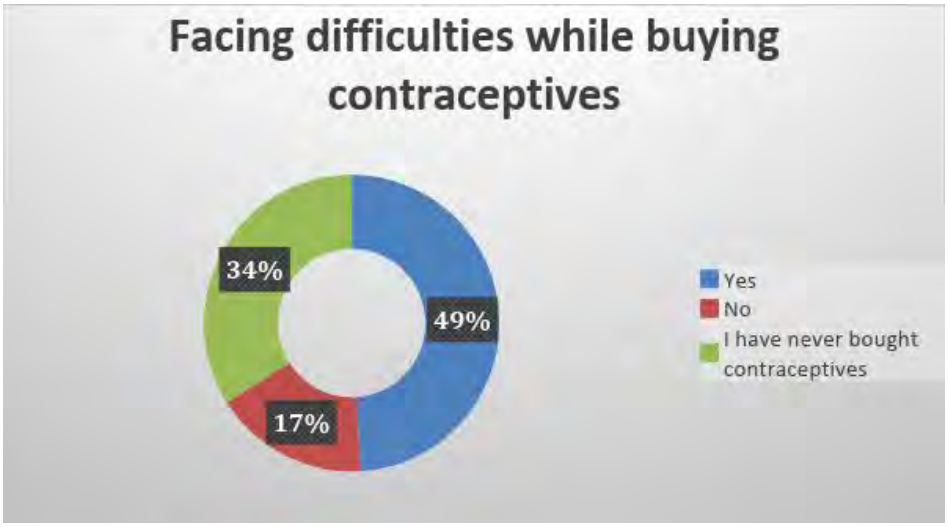
"I ask my boyfriend to buy condoms, because as a woman, I will be stigmatised if I go to pharmacy to buy it"- A young woman said this during the Focus Group Discussion.

In the male group, the participants mentioned that they feel very awkward while buying contraceptive from the pharmacy.

4.3.3 Difficulties to buy contraceptives

Figure 4 shows the percentage of surveyed young people face difficulties buying contraceptives. 49% surveyed young people said that, they faced difficulties buying contraceptive. Only 17% mention that, they never faced any difficulties buying contraceptive methods.

Figure 4: Facing difficulties while buying contraceptives



In the Focus Group Discussion, participants said that, there are judgmental stares from the sellers as well from the customers. Some of them mentioned that, they were asked to provide marriage certificate.

Feeling of uncomfortable is one of the difficulties faced by the young people while buying contraceptives. During the Focus Group Discussion, many participants, especially male groups mentioned that they were uncomfortable and they had to lie to the sellers sometimes.
The percentage of the surveyed young people felt uncomfortable while buying contraceptives is given in Figure 5.

Figure 5: Percentage of surveyed young people felt uncomfortable while buying contraceptives

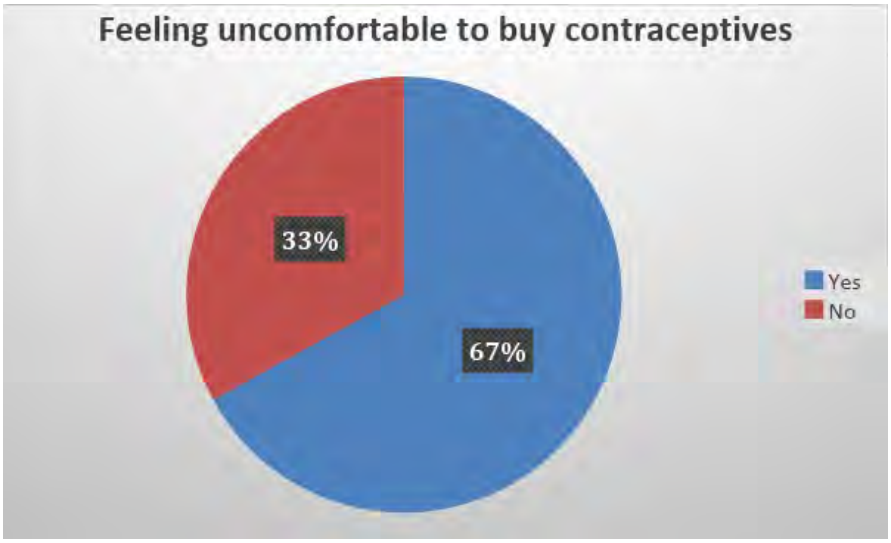


Figure 5 shows that, approximately two-thirds of the surveyed young people felt uncomfortable buying contraceptives. Only, 33% surveyed young people did not feel uncomfortable.

In the Focus Group Discussion, female participants shared their experience buying oral pills from pharmacy. One of the participants said that it was very uncomfortable for her as the seller gave her the judgmental look. During the Focus Group Discussion, one of the participants said:

Sex before marriage is taboo here, so buying contraceptives from a known pharmacist is very uncomfortable.

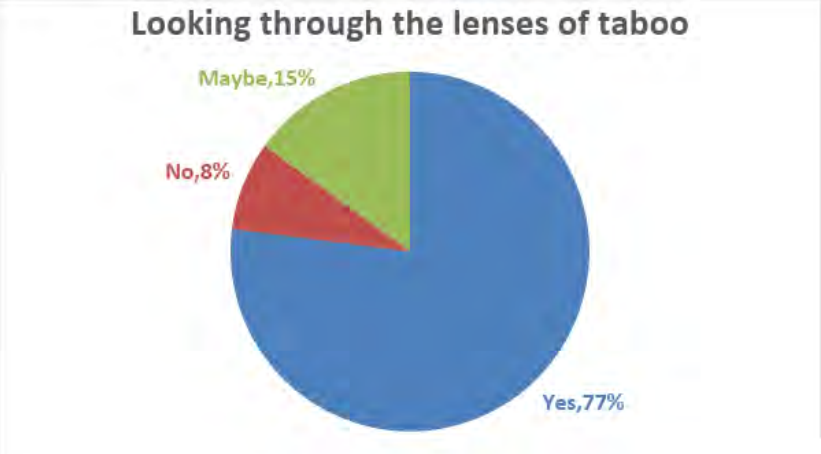
One of the participants also said, "*Because I am a female and shopkeepers are male*". From here, we can also see the gender disparity while buying contraceptives. Some of the female participants also mentioned that they were "slut-shamed" while buying contraceptives from the shop. One of the married participants stated during the Focus Group Discussion:

"Sometimes, shopkeepers seem suspicious about my marital status considering my outlook and they don't seem to sell contraceptives to me."

From this, we can also see that, not only unmarried young people but also married young people are stigmatised.

Another difficulty was the taboo. More than three-fourth surveyed young people observe that contraceptives are looked through the lenses of taboo. Moreover, some surveyed young people reported that they were asked "*intrusive*" questions and about their marriage certificate. Details are given in Figure 6.

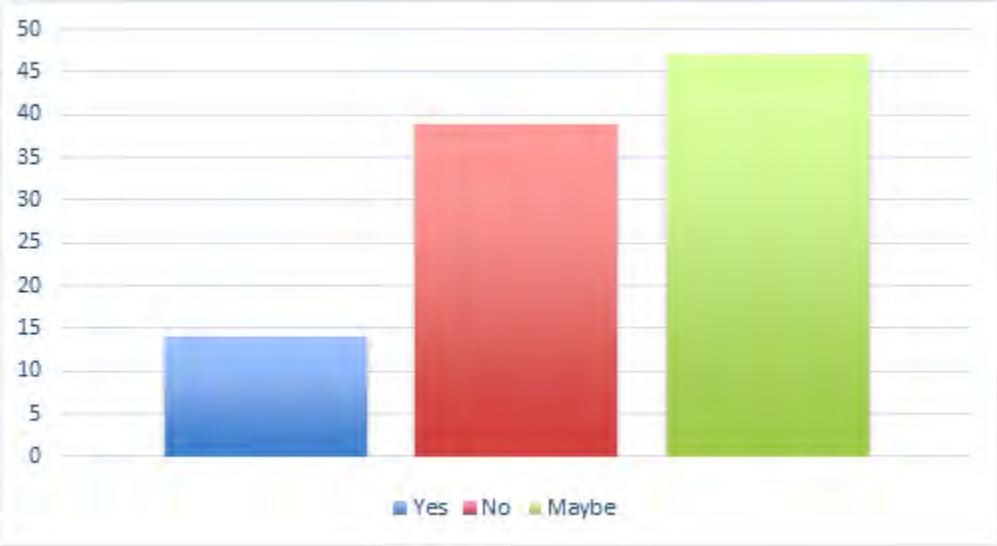
Figure 6: Percentage of surveyed young people who think that contraceptives are looked through the lenses of taboo



Following to that, surveyed young people were asked, "Do you think if you tell the shopkeeper that you are unmarried and still would like to buy contraceptive(s), they will sell it to you?" Thirty-nine percent of the surveyed young people said that the shopkeepers would not sell the contraceptives in this case. These respondents further added, it was due to cultural and religious belief. On contrary, 14% respondents reported that the shopkeepers would sell contraceptives irrespective of their marital status. The remaining surveyed young people were not sure if the shopkeepers would still sell the contraceptives to them knowing that they were unmarried.

Figure 7 presents respondents' feedback on selling contraceptives by the shopkeepers after the latter know the marital status of contraceptive buyers.

Figure 7: Surveyed young people's responses on the marital status with the contraceptive methods

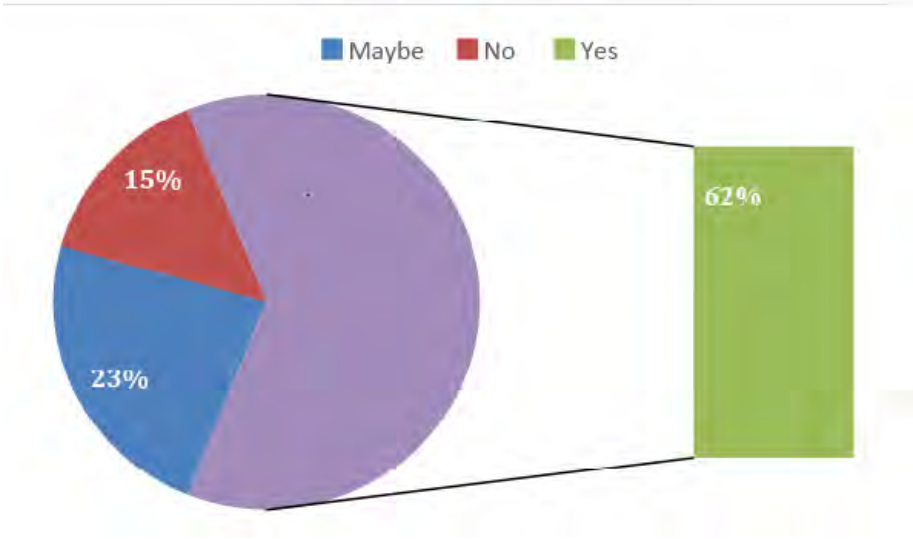


In addition, because of the socio-cultural factors, contraceptive methods are considered for married couple only. One of the participants said during the Focus Group Discussion:

"They think contraceptives are only for married couple. Those who are not married, they cannot have sex".

According to the surveyed young people, religion has an impact on buying contraceptives (Figure 8). Nearly two-thirds of the surveyed young people think that religion plays an important role to their access to the contraceptive methods compared to 15% respondents reporting the opposite. The remaining respondents are not sure if religion has any impact on accessing to the contraceptive methods.

Figure 8: Percentage of surveyed young people think religion has an impact on buying contraceptives

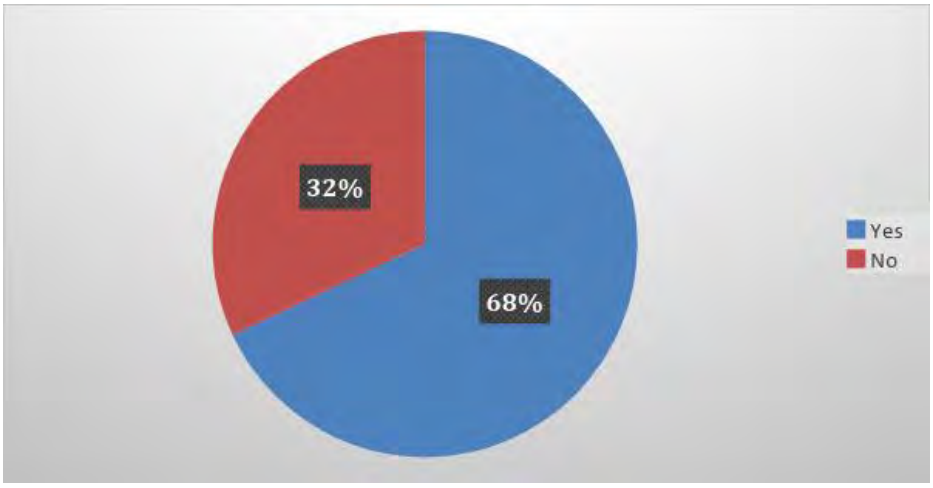


From the survey and the Focus Group Discussion, it was identified that, socio-cultural norms and religious belief hinder young people's access to the contraceptives.

4.4 The extent of unmet need of contraceptives among educated urban young people

This study also tried to explore the extent of unmet need of the contraceptives among urban educated young people. To have a clear idea about their needs, the surveyed young people were asked if they have used contraceptives or not. It was observed that 68% of the surveyed young people used contraceptives and the remaining reported 'no'. However, all the participants in the FGDs said that they used contraceptives. The use of contraceptives by the surveyed young people is given Figure 9.

Figure 9: Percentage of surveyed young people use contraceptives



Those who used contraceptives were asked about types of contraceptives thy used. The percentage of the different contraceptives used by surveyed young people is given Figure 10.

Figure 10: Percentage of different contraceptives used by surveyed young people

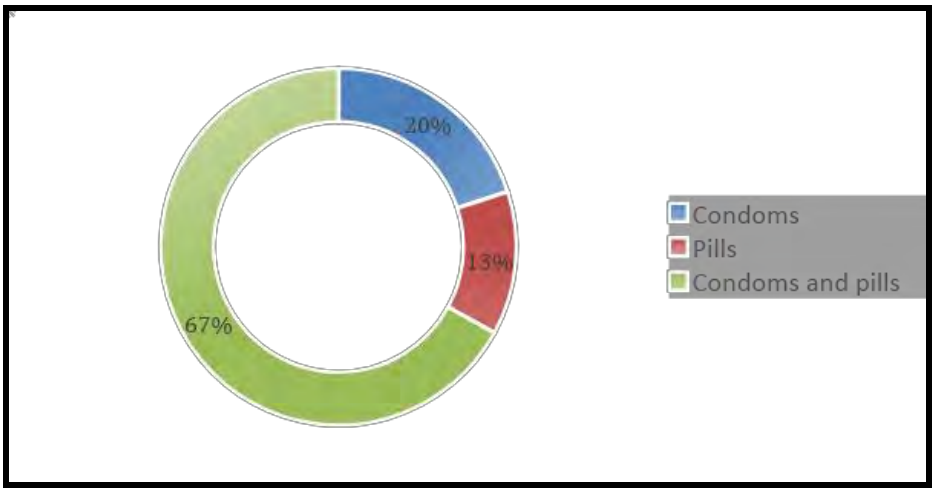


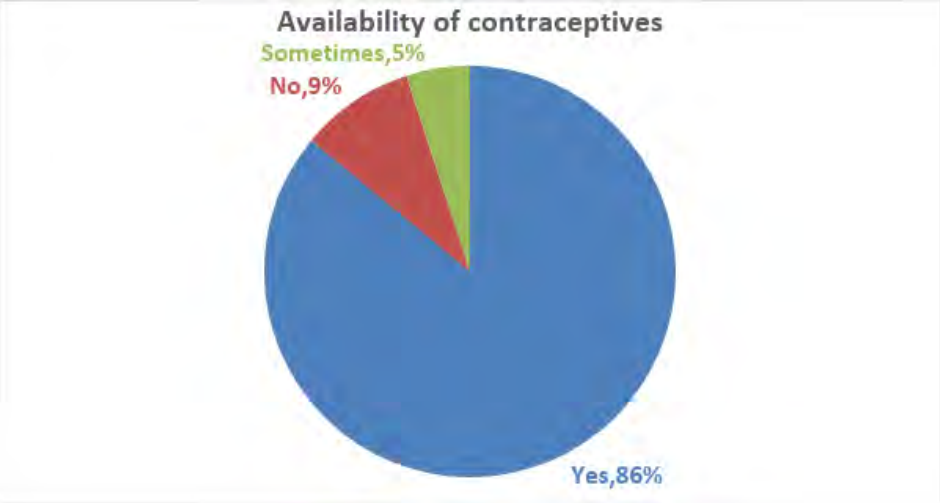
Figure 10 shows, more than two-thirds of the surveyed young people generally used both condoms and pill while 13% used only pills and the rest used condoms only.

Many young people said that it is easier for them to buy these two contraceptive methods – condom and pill because they are usually available and they have more knowledge about these two than any other contraceptive methods. However, it is also observed in the study that (Fig 7), these contraceptives are not always available once they disclose their marital status.

During the Focus Group Discussion with the female group, most of the participants said that they used emergency oral pills. One of the participants said that when she went to buy oral pills, the shopkeeper denied selling it to her without prescription. It also came out during the Focus Group Discussion that, shopkeeper refused to sell the contraceptive because it was *"illegal"* thing to do. In the discussion with the male group, the participants said that, they usually used condoms but they bought oral pills for their girlfriends as well.

The percentage of the availability of the contraceptives for the surveyed young people is given Figure 11. It was observed that 86% of the surveyed young people found contraceptives available while 9% respondents reported the opposite.

Figure 11: Availability of the contraceptives



Though various types of contraceptives are available, some socio-cultural factors hinder the young people's accessibility to contraceptives. One of the participants said during the Focus Group Discussion:

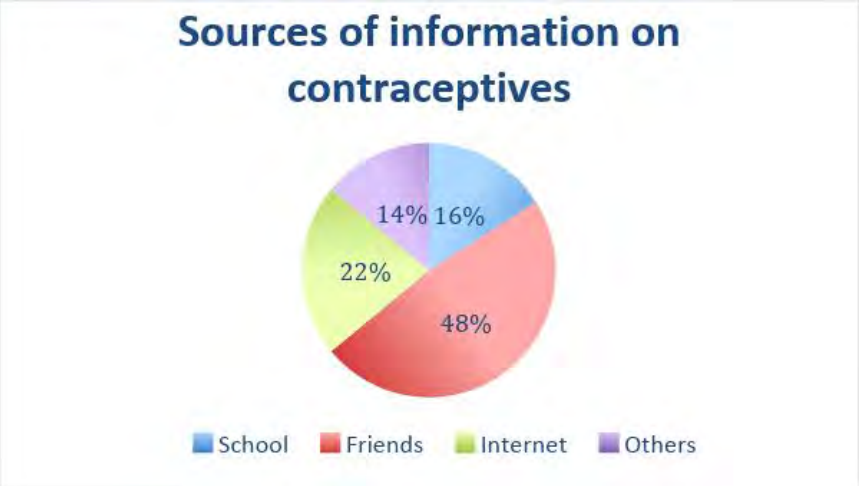
"I tried to buy oral pills for my girlfriend once. The shopkeeper did not give me as he said he did not have it. But I think he did not give me because he thought I was unmarried.

During the Focus Group Discussion, participants from male, female and mixed groups said that, short term methods are easily available; it is easier for young people to access them. However, they mentioned that not much enough information nor the service for long term methods are available for young people.

4.5 Readiness of educated urban young people to adopt different contraceptive methods

To understand the readiness of this group to adopt different contraceptive methods, it was important to see how much knowledge do they have and what are the sources of information. Friends were reported by the nearly half of the surveyed respondents as the main source of information about contraceptives. This was followed by internet, through which the surveyed young people get information easily about contraceptives. However, the initial information came from the friends, said the surveyed young people. Figure 12 presents different sources of information on contraceptives.

Figure 12: Percentage of different sources on contraceptives



Other sources of information about contraceptives include commercial television advertisements, magazine, movies and campaigns conducted through government programmes such as *Shurjer Hashi*. Table 1 shows different sources of information under the category of 'others' on contraceptives received by the young people.

Table 1: Other sources of information

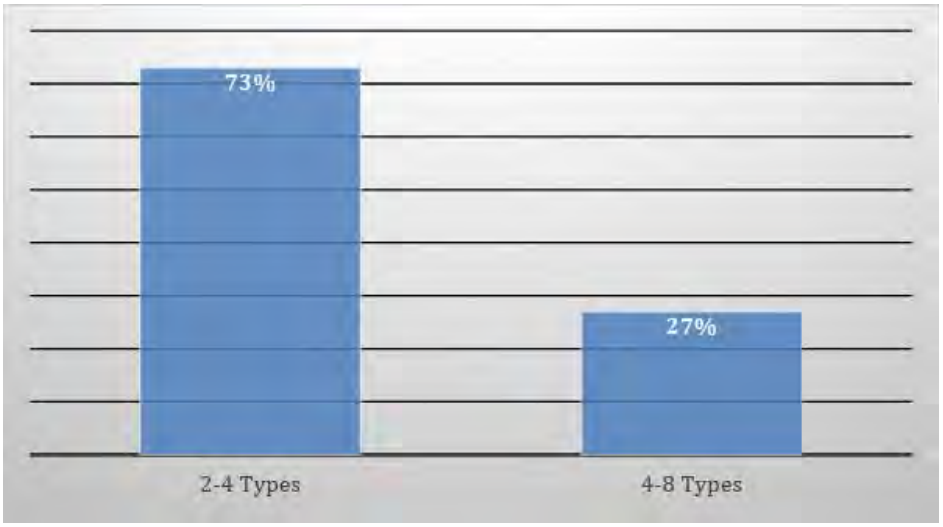
Source	**Percentage**
Television (TV Commercial)	45%
Magazine	25%
Movies	20%
Government Campaign "Shurjer Hashi"	10%

It was revealed that 45% of the surveyed young people received information from Television Commercial, 25% received information from magazine, 20% received information from movies and 10% received information from the government campaign.

The FGD participants said that they knew condoms as only method to prevent pregnancy. They further were informed that condoms could also prevent Sexually Transmitted Infections (STI), Sexually Transmitted Disease(STI), AIDs etc.

As stated earlier that, most of the surveyed young people use condoms and oral pills, it was important to identify how many contraceptive methods did they know about. Figure 13 presents the respondents' knowledge on types of contraceptives.

Figure 13: Knowledge of respondents on types different of contraceptives in percentage

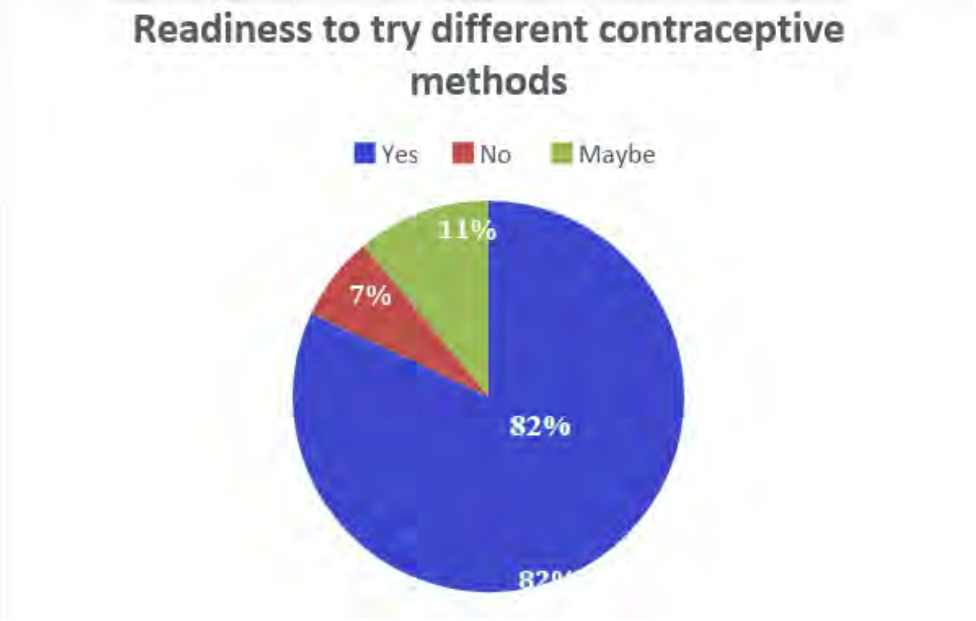


It was revealed that 73% of the surveyed young people knew 2-4 types of contraceptives. More than four methods were known to the remaining respondents. Despite their knowledge about many types of contraceptives, the respondents mostly used condoms and oral pills as they were easily accessible and available.

During Focus Group Discussion, participants said that, they knew about condoms and oral pills while the female participants knew other long term methods such as Intrauterine Devices (IUD).

The study further tried to track willingness of the young people to adopt new contraceptive methods or not. It was found that 82% of the surveyed young people were willing to try different contraceptive methods; in contrast, 7% were found not ready to try it and the remaining were not sure. Details are given in Figure 14.

Figure 14: Percentage of surveyed young people willing to try different contraceptive methods



The overwhelming willingness of the urban young people to adopt different contraceptives was influenced by various factors (Table 2). Feeling comfortable was the influential factor to 40% percent of the respondents while affordability was reported by the least number of respondents.

Table 2: Factors which influence the readiness of educated urban young people to adopt different contraceptive methods

Factors	Percentage
Availability	30%
Accessibility	20%
Affordability	10%
Comfortability	40%

During the Focus Group Discussion, it came out that there were many misconceptions and myths surrounded with contraceptive methods. One of the participants said during the Focus Group Discussion, "*Many men think, if they do vasectomy, they will no longer be men".* They said that it was important to make the young people aware about the actual facts on the contraceptive methods and clarify the misconceptions. They further added, if the young people were sensitised enough about different contraceptive methods, they would surely try.

In the survey, the respondents were asked if unmarried young people should have access to the contraceptives without any fear and shame. All of the surveyed young people responded positive. Similar opinion was revealed during the FGDs as well. The unmarried couples were seeking contraceptive methods and they demand it should be available and accessible without any stigma and harassment. However, the continuous stigma and harassment hinder their accessibility. During a Focus Group Discussion, one of the participants said that:

"It is very challenging for me to access to the contraception. Once I was harassed by the police near in Gulshan 2 while going to my girlfriend's place to give her oral pill. The police officer wanted to check my bag and I gave him the bag. He opened the bag and took the oral pills from the bag and asked if it was Ya Ba. I was a bit surprised why he did not know it was an oral pill or it was his intention to harass me. I told him it was contraceptive oral pill. Then he asked if I was married. I told him it was for my girlfriend. He gave me a look of disgust and said he would

watch after me. Then he let me go. The stigma is everywhere. Seems like contraceptives are only for married people."

4.6 Additional Findings

4.6.1 Focus Group Discussion in the male group

Nine male participants joined in this Focus Group Discussion. Many participants said that their partners were not comfortable to buy contraceptive methods. Therefore, it was basically their job to buy contraceptives. However, they usually bought these methods not from the area where they live because their identity might be disclosed. They said that privacy was a big concern to buy contraceptive methods. Awkward look and judgmental look were very common. All of them agreed that girls face more difficulties, causing the male partners buy contraceptive methods in most cases.

They said that they have heard about long term methods but they do not know where to access those services nor they know if these methods are safe.

When it was asked if they have ever consulted any physician about contraceptive methods, they said no. Most of the information they got either from internet or friends.

4.6.2 Focus Group Discussion in the female group

Eight female participants joined this Focus Group Discussion. Most of their choice of contraceptive methods are condom and emergency oral pills. They do not know much about long term methods and where to get services. When it was asked to them if they knew about female condom, they replied no.

Most of them said that they never went to buy contraceptives because of the fear of being judged and their identity might be revealed. They said that they might also be shamed for this act by the

shopkeepers. One of the participants said that buying sanitary napkin is awkward because of the stigma, they cannot think or dare to buy contraceptive methods.

4.6.3 Focus Group Discussion in the mixed group

Six female and four male participated in this Focus Group Discussion. They discussed the issue openly. From this, it was clear that, these young group are comfortable talking about contraceptive methods among them, but when it comes to get information from family, physicians or pharmacy; they have fear of being judged as they think it is highly stigmatised.

Through survey and three Focus Group Discussions, this chapter presented different factors that hindered the young people living in Dhaka accessing contraceptive methods. It also described the extent of unmet need for contraception among these group. In addition to that, this chapter explored different contraceptives which are available and easily accessible which later utilised to identify different factors influencing the readiness of these group to adopt different contraceptive methods.

Chapter 5: Conclusion

5.1 Summary and Discussion

Bangladesh has made much progress in expanding the availability and use of family planning services, the need for effective contraception is large, and growing because the largest cohorts in human history have entered their reproductive years. Where the usual contraceptive methods, such as the oral contraceptives, IUDs and condoms, have been available for decades, there have been many new advances in contraceptive technology in the last several years. New formulations of oral contraceptives, extended and continuous use of oral contraceptives and long-acting reversible contraceptives (LARC) may have a wider role in contraception and their increased implementation could help to reduce unintended pregnancy. However, in the Bangladeshi society, contraceptive methods are only considered for married people. There is a growing need of contraceptives among unmarried young people these days which are looked through the lenses of taboo. The unmet need for contraception still persists. This inequity is fueled by both a growing population, and a shortage of family planning services. Limited choice of methods, limited access to contraception among young people, poorer segments of populations, especially unmarried people, cultural and religious opposition, users and providers bias and gender-based barriers contribute to the challenge accessing to the contraception among urban educated young people. Based on primary and secondary data this study intended to explore the dynamics faced by urban youths in having access to the contraception.

Urban young people face many challenges accessing to the contraceptive methods. One of the objectives of the study was to identify the socio-cultural factors affecting contraceptive use and method choice among educated urban young people. This study examined challenges through both survey and Focus Group Discussion. Study shows main challenges which they face accessing to the contraceptives are: (i) social cultural norms, (ii) religious norms, (iii) stigma, (iv) taboo, and (v) myths.

From the study, it also came out that, young women faced more hurdles to have access to the contraceptives and often "*slut shamed*". This also has effect on the accessing to the contraceptive methods among young women. The study also identified that patriarchal structure of the society plays a role which hinders young women to have access to the contraceptives. Misconceptions and misinformation related to contraceptive methods also contribute to the challenges in accessing.

Another objective of the study was to examine the extent of unmet need of contraceptive methods among educated urban young people. From the study it was clear that, only availability of the service is not enough if the young people do not have the right information of all the methods. The study also looked into the most common contraceptive methods used by the urban young people. As most of the surveyed young people mentioned that they use condoms and oral pills and these are mostly available, it is clear that availability is a big factor in terms of meeting the need of young people. However, it also came out from the study that availability not necessarily always ensured accessibility; which means there is an unmet need of contraceptive methods among this group. The study also sheds lights on the factor that, not all types of methods are always available for the young couple, especially for unmarried young couple. Thus, the study identified that young people had little or no access to the long-term methods.

The final objective of the study was to identify the factors influencing the readiness of educated urban young people to adopt different contraceptive methods. It was imperative to examine their knowledge on the different contraceptive methods. As mentioned earlier, most of the surveyed young people said that they had more knowledge on condoms and oral pills than any other contraceptive methods. It also came out from the study that, mass media meaning TV channels, internet and other media played important roles in terms of accessing to the information on contraceptive methods. This study identified that, if different methods were available, affordable, accessible and comfortable, then young people would be willing to adopt these contraceptive methods.

The study identified that awareness was necessary in order to create an enabling environment for the young people so that they could try using different contraceptive methods. Given the fact

that, there are lots of misconception and misinformation are associated with different contraceptive methods, therefore, it is necessary to create awareness among this group. While awareness is necessary, right knowledge on the contraceptive methods is the most important. The study showed that, due to lack of right knowledge on the contraceptive methods, the young people often showed reluctance to use contraceptive methods.

The first hypothesis was, 'Socio-cultural factors hinder accessing to the contraception use among urban educated young people'. Findings show that, socio-cultural factors such as social norms, stigma, taboo, religious norms and patriarchal structure of the society hinder accessing to contraception use among urban educated young people.

The second hypothesis was, 'There is an unmet need of contraceptive methods among educated urban youth'. The study shows, due to lack of availability and accessibility of both the information and the service for long-term and short-term contraceptive methods, there is an unmet need among this group.

The third hypothesis was, 'If the right information is available and young people are aware of the different contraceptive methods, then they might adopt different contraceptive methods'. The study shows that if young people have right knowledge and are aware of the different contraceptive methods, and if these methods are available, accessible, affordable and comfortable, then they will try using these.

This study engaged a group of young people from Dhaka in the Focus Group Discussion as well as in the survey for the research purpose. The findings of these discussions have implications for the research design and implementation of the survey and the Focus Group Discussion about sexual activity, knowledge on contraceptive methods and so on which include potentially sensitive questions. It was important for the study to offer young people an appropriate range of response options to avoid forced responses that create false or blank reporting.

5.2 Recommendations

It is imperative to address the challenges of accessing to the contraceptives among urban young people. A number of recommendations are given below based on the findings:

i. National adolescent health strategy needs to be revised along with young SRHR practitioners in terms of promoting contraceptive methods. The strategy must include directions on providing a range of good quality male and female contraceptive methods which are available, affordable and accessible for both young married and unmarried men and women.

ii. Knowledge, information and counseling on contraceptive methods should be accessible for both young men and women and promoted by the Government. There should be centers for young men and women where they can get information on contraceptive methods. Policies regarding contraceptive methods must be implemented and monitored maintaining the confidentiality by the Government.

iii. There must be emergency contraceptive methods for young people. Government and other NGOs must take the appropriate initiatives.

iv. Government in association with NGOs and CSOs can initiate a national awareness campaign under the family planning programme to dismantle the myths related to contraceptive methods and hammer the socio-cultural barriers that create hurdle for urban young people accessing to the contraception.

v. Government jointly with NGOs and CSOs must address the issue of the unmet need of contraceptive methods among urban young people through different intervention programmes and by promoting family planning programme.

5.3 Limitations of the Study

The most notable weakness of this research is that, the young people from private university were invited to Focus Group Discussion. Since it is a very sensitive topic, so it was not possible to explore the current situation of school and/or college students and their access to contraceptive methods.

Another notable weakness of this research is that, it could not cover the current situation of young people from *'hijra'* and/or LGBT community.

Due to time constraints, it also could not explore the situation of urban young people living in other parts of the country.

Organising three Focus Group Discussions were one of the main challenges of the study. These three meetings were organised in Dhaka and in one private university. This happened due to lack of support from authorities of other public and private universities.

Though three Focus Group Discussions were organised to find out some real life examples and a simple questionnaire survey was conducted, both were not enough to delve deeper exploring the challenges accessing to the contraceptive methods.

This is a small study as part of the Master in Development Study of BRAC University. Considering time and resources, there was a limited scope to conduct the study and have more data and information. However, research findings reveal that there are more scope and importance of doing further research on this topic including more areas and people.

Finally, it is important that contraceptive methods are widely available and easily accessible to young people living in Dhaka. Based on the findings, it is important to create awareness not only among user level but also in service provider level to mitigate the challenges accessing to the contraceptive among urban young people.

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Annex 1

1. Sex:
    a. Male
    b. Female
    c. Others
2. Age:
3. Location:
4. Occupation:
    a. Student
    b. Service holder
    c. Business
    d. Volunteer
    e. Unemployed
5. Relationship status:
    a. Single
    b. Married
    c. In a relationship
    d. In an open relationship
    e. Other
6. Are you sexually active? Yes/No
7. When was the first time you have learned about contraceptive methods?
    a. In my teen age
    b. Before my teen age
    c. After going to university
8. Where do you get information on contraceptive methods?
    a. from school
    b. from friends
    c. from internet
    d. from TV channels
    e. from parents

f. from other family members

g. Others

9. Have you used contraceptive? Yes/No.

10. If yes, which method?

11. How many contraceptive methods do you know about?

a. 1

b. 2-4

c. 4-6

d. 6-8

e. 8-10

f. More than 10

12. Do you make decision on using contraceptive methods or your partner or from mutual understanding?

a. I make decision

b. Mutual decision

c. My partner does not mind

13. Have you ever been to pharmacy to buy contraceptives? Yes/No

14. What contraceptive methods did you buy?

a. Progestin-only (Depo-Provera, progestin-only pill)

b. Condoms

c. Spermicides (VCF, foam, gel, sponge)

d. Combined hormones (pill, patch, nuvaring)

e. cervical cap

f. Others

15. Have you faced any difficulties while buying contraceptives? Yes/No.

16. If yes, what kind of?

17. Are contraception always available? Yes/No

18. Have you ever been asked question about your marital status while buying contraceptive? Yes/No

19. Do you think if you tell the shopkeeper that you are unmarried and still would like to buy contraceptives, they will sell it to you? Yes/No.

20. If no, then why?

21. Do you think buying contraceptives is often looking through the lens of taboo? Yes/No

22. Do you think religion has impact on this? Yes/No

23. Do you think it is difficult for young unmarried people to access to the contraceptives? Yes/No

24. What contraceptives are common in the market and easily accessible for you?

    a. Progestin-only (Depo-Provera, progestin-only pill)
    b. Condoms
    c. Spermicides (VCF, foam, gel, sponge)
    d. Combined hormones (pill, patch, nuvaring)
    e. cervical cap
    f. Others

25. Do you think market is flexible enough to meet the need of young population? Yes/No

26. If you have to learn about new contraceptive methods, what source would you try?

    a. Internet
    b. Friends
    c. General physician
    d. Siblings
    e. Others

27. Would you like to try different contraceptive methods if they are easily accessible, affordable and available? Yes/No

28. Do you think unmarried young people should have access to the contraceptives without any fear and shame? Yes/No

29. If no, then why?