


Research Article

Adolescent Boys' Perspectives on Reproductive Health and Gender Dynamics: A Study in Rural Rangpur District, Bangladesh

Md. Maksud-ul Hasan¹, Anamul Hoque², Md. Ariful Islam³, Md. Enamul Hassan⁴, Lutfunnaher Begum⁵, Md. Sohedul Islam⁶

Abstract

Background: Adolescence is a critical period for sexual and reproductive health (SRH) education in Bangladesh. This study explores the perspectives of adolescent boys (13-18 years) on reproductive health and gender dynamics in rural Rangpur District.

Methods: The study was led using a survey method, and data were collected using multistage stratified random sampling from 336 boys across six sub-districts in Rangpur from October to December 2023.

Results: Most participants were 14-16 years old (61.7%) and in grades/Class 10-11 (57.8%). While 70.2 percentage reported awareness of menstruation, 15.2% remained uninformed, highlighting potential educational gaps. Friends (26.8%) and health service providers (22.9%) were primary sources of knowledge. HIV/AIDS awareness was high (91.7%). Modern family planning method awareness was 81.0%, with pills and injectables surpassing IUD/Copper T (Table 2). Community clinics (66.1%) and family welfare centers (23.8%) were primary information sources, with doctors the most frequent (40.5%). Over 60% encountered SRH posters in healthcare facilities. Traditional expectations remained strong, with over 60% perceiving it unusual for a woman to leave the house without her husband's permission. Educational attainment at the tenth-grade level was significantly associated with more excellent HIV/AIDS knowledge ($p=0.000^*$), and knowledge of STIs was significantly associated with awareness of modern family planning methods ($p=0.000^*$).

Conclusions: This study identifies knowledge gaps and highlights the need for comprehensive SRH education tailored to rural adolescents in Bangladesh. Interventions addressing traditional gender roles and integrating family planning into STI prevention efforts are crucial.

Keywords: Adolescent; Gender; Reproductive Health; HIV/AIDS; STI

Introduction

The sexual and reproductive health of adolescents is a insistent public health concern, particularly in Bangladesh. Research highlights the crucial need to understand teenagers' unique challenges and perspectives as they navigate this critical life stage [1, 2, and 10]. The rise of digital media has sparked anxieties about the influence of pornography on adolescent attitudes and behaviors [3, 18, and 20]. Moreover, societal norms and educational approaches significantly shape their knowledge and stances toward reproductive health [5, 12, and 16]. While commendable efforts have been made to address sexual and reproductive health (SRH) issues in Bangladesh,

Affiliation:

¹Research, Monitoring & Evaluation Expert, Bangladesh

²Research & Development Professional, Bangladesh

³Assistant Professor, Department of Sociology, Varendra University, Bangladesh

⁴BRAC District Coordinator- Advocacy for Social Change, Bangladesh

⁵Monitoring & Evaluation, Research Expert, Bangladesh

⁶Program Quality Manager, Bangladesh

*Corresponding Author

Md. Maksud-ul Hasan,

Email: maksudsoc@gmail.com

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the effectiveness of existing interventions and the impact of various socio-cultural factors remain under continuous scrutiny [13, 15, and 17]. This study aims to contribute to present knowledge by investigating the perspectives of male adolescents aged 13-18 in rural Rangpur District. By analyzing their views on reproductive health and gender dynamics, we hope to offer valuable insights for shaping tailored interventions and policies in this vital area.

Methodology

This cross-sectional study delved into the perspectives of adolescent boys (13-18 years) in rural Rangpur District, Bangladesh, regarding reproductive health and gender dynamics. Conducted across six sub-districts (Pirgachha, Pirganj, Gangachara, Mithapukur, Taraganj, and Kaunia) from October to December 2023, it employed a survey method and multistage stratified random sampling with 336 participants. Trained interviewers administered a structured questionnaire via face-to-face interviews, ensuring privacy and informed consent. Covering demographics, reproductive health knowledge, gender role attitudes, information access, and decision-making participation, the questionnaire provided rich data. Ethical considerations were prioritized, with approved protocols, confidentiality, and withdrawal rights assurances. Employing quantitative analysis (descriptive and inferential statistics) through SPSS (Statistical Package for the Social Sciences) version 25, the study's findings, presented in tables and graphs, aim to deepen understanding of this crucial topic in this rural context.

Results

This study investigated the viewpoints of 336 adolescent boys in rural Rangpur, Bangladesh, focusing on their understanding gaps, prevailing attitudes, and sources of information. The majority of participants were predominantly aged 14-16 (61.7%) and enrolled in grades 10-11 (57.8%), indicating a pivotal developmental phase for comprehending their perspectives on reproductive health and gender roles (Figure 1, 2). A considerable proportion (70.2%) of respondents reported awareness of menstruation, with 15.2% unfamiliar with it and 14.6% refraining from answering. Notably, friends and health service providers constituted about 50% of the respondents' knowledge about menstruation/ menstrual cycle, whereas formal education, such as books, accounted for only 6.5% (Figure 3, 4). Awareness of HIV/AIDS was high (91.7%), but knowledge of STI signs and symptoms varied, with approximately 20% expressing uncertainty or lack of knowledge (refer to Table 1). Most participants (81.0%) were familiar with modern contraceptive methods, particularly pills and injectables, while awareness of methods like IUD/Copper T and Norplant/implant was relatively lower. A majority of 52.7% of the adolescent boys did not know about Norplant/implant (Table 1). Community

clinics (66.1%) and family welfare centers (23.8%) emerged as the primary sources of information, with doctors being the most consulted, followed by nurses and community health workers. Traditional birth attendants were infrequently mentioned, suggesting the need for diverse health education strategies (Table 2 and Table 3).

Furthermore, over 60% of participants encountered sexual reproductive health posters and brochures in healthcare facilities, underscoring the potential of this medium for disseminating knowledge (Figure 5). Traditional expectations persisted, with more than 60% of respondents considering a woman leaving the house without her husband's permission inappropriate. Additionally, behaviors such as disobedience, arguing, and neglecting children were viewed as deviations from prescribed gender roles (Table 4). Statistical analysis using Fisher's Exact Test revealed significant associations between knowledge about HIV/AIDS and educational attainment at the tenth-grade level (p -value=0.000*) (Table 5). A significant association was also observed between knowledge about STIs and awareness of modern family planning methods (p -value=0.000*). The table shows that among those with knowledge about STIs, 220 individuals were aware of modern family planning methods, whereas 35 were not. The odds ratio (OR) of 2.866 indicated that individuals lacking awareness of modern family planning methods were 2.866 times more likely to develop STIs than those with knowledge about them (Table 6).

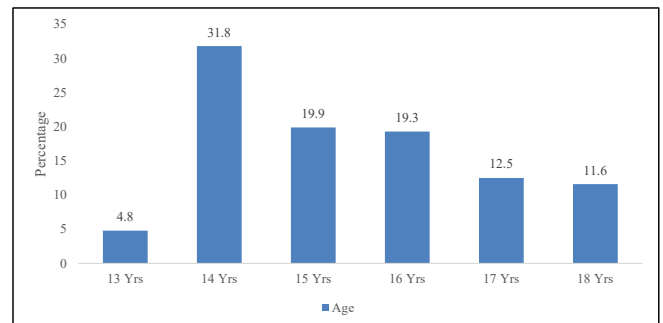


Figure 1: Distribution of age of the Participants.

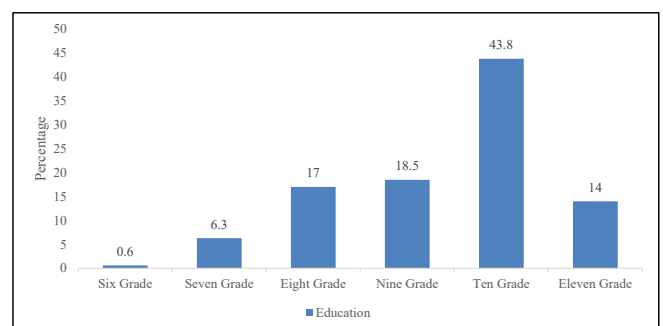


Figure 2: Educational Qualification of the Participants.

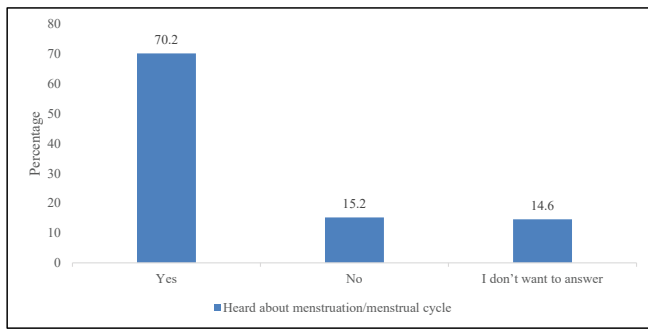


Figure 3: Knowledge of menstruation/menstrual cycle (Heard).

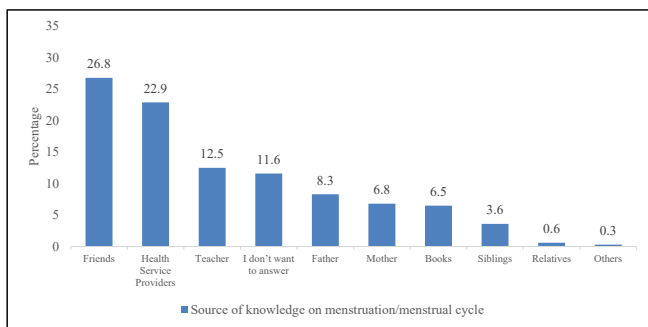


Figure 4: Knowledge of menstruation/menstrual cycle (Source of knowledge).

Table 1: Knowledge and Awareness of Reproductive Health (HIV/AIDS and sexually transmitted infections).

Knowledge and Awareness of Reproductive Health	Frequency	Percent
Have you heard of HIV or AIDS	Yes	308 (91.7)
	No	25 (7.4)
	I don't want to answer	3 (0.9)
Possible to cure AIDS	Yes	65 (19.3)
	No	217 (64.6)
	I don't want to answer	24 (7.1)
	I don't know	30 (8.9)
Heard of STI	Yes	249 (74.1)
	No	87 (25.9)
Know about Male Signs/Symptoms of Sexually Transmitted Infections (STIs)	Yes	202 (60.1)
	No	16 (4.8)
	I don't know	118 (35.1)
Signs and symptoms of a sexually transmitted disease in a man	Discharge from penis	99 (29.5)
	Pain during urination	80 (23.8)
	Ulcers/sores in the genital area	5 (1.5)
	Others	18 (5.4)
	I don't know	134 (39.9)

Knowledge about Female Signs/Symptoms of Sexually Transmitted Infections (STIs)	Yes	198	58.9
	No	13	3.9
	I don't know	125	37.2
Knowledge about Women's Signs/symptoms of STIs	Vaginal discharge	131	39
	Pain during urination	37	11
	Ulcers/sores in the genital area	2	0.6
	Lower abdominal pain	9	2.7
	I don't want to answer	2	0.6
	Others	17	5.1
	I don't know	138	41.1
	Total	336	100

Table 2: Knowledge of modern family planning methods.

Family planning methods	Frequency	Percent
Heard of modern family planning methods	Yes	272 (81)
	No	64 (19)
Have you heard of contraceptive pills	Yes	197 (58.6)
	No	72 (21.4)
	I don't want to answer	67 (19.9)
Heard of injectable	Yes	201 (59.8)
	No	69 (20.5)
	I don't want to answer	66 (19.6)
Injectables can be used for	To prevent pregnancy	185 (55.1)
	To delay pregnancy	88 (26.2)
	Project against STI/HIV	55 (16.4)
	To have a regular menstrual cycle	1 (0.3)
Heard of IUD/Copper T	Yes	118 (35.1)
	No	148 (44)
	I don't want to answer	70 (20.8)
IUD/Copper T to be used for	To prevent pregnancy	83 (24.7)
	To delay pregnancy	10 (3)
	Project against STI/HIV	8 (2.4)
	To have a regular menstrual cycle	4 (1.2)
	I do not want to answer	210 (62.5)
	Other	12 (3.6)
	I do not know	9 (2.7)

Heard of Norplant/ implant	Yes	80	23.8
	No	177	52.7
	I don't want to answer	79	23.5
Access Points for Modern Family Planning Methods	Community clinic	222	66.1
	Family welfare center	80	23.8
	Hospital	11	3.3
	Medicine store/ Pharmacy/In the market	2	0.6
	From a friend	1	0.3
	I do not know	20	6
Total	336	100	

Table 3: Sources of Reproductive Health Service and/or Information

Service and/or Information		Frequency	Percent
Seeking Reproductive Health Information from Different Sources	Doctor	136	40.5
	Nurse	20	6
	FWV	17	5.1
	SACMO	20	6
	CSBA	31	9.2
	CHCP	17	5.1
	Village doctor	32	9.5
	Traditional birth attendants or traditional healer	1	0.3
	Medicine Seller	62	18.5
Received services or information	RTIs/STIs	52	15.5
	Reproductive health	66	19.6
	Menstrual cycle and hygiene	12	3.6
	Child marriage	22	6.5
	Food and nutrition	25	7.4
	Other health issues	53	15.8
	Violence	106	31.5
Total	336	100	

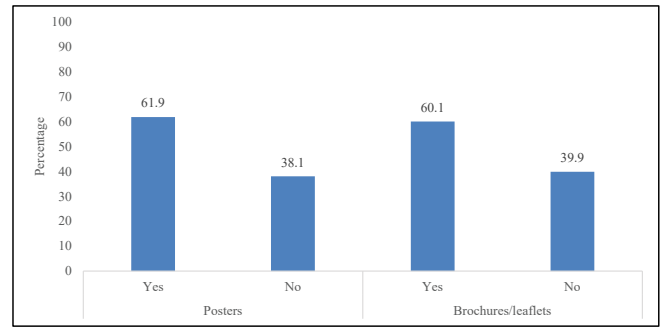


Figure 5: Utilization of Health Services

Table 4: Perceptions of Gender Roles and Violence.

Gender Roles	Frequency	Percent
If she leaves the house without telling him?	210	62.5
If she neglects the children?	58	17.3
If she argues with him?	32	9.5
If she refuses to have sex with him?	13	3.9
If she disobeys her husband?	21	6.3
If she refuses to have more children?	2	0.6
Total	336	100

Discussion

This study delves into the reproductive health and gender perspectives of adolescent boys in rural Rangpur, Bangladesh, revealing noteworthy findings that warrant careful consideration for program development and policy formulation. The demographic profile of the participants provides essential context, indicating that the majority are at a crucial developmental stage, aged 14-16 and in grades 10-11. These adolescent years are formative for shaping attitudes and behaviors related to reproductive health and gender roles. The awareness of menstruation among participants is substantial (70.2%), yet the presence of a notable percentage (15.2%) who haven't heard of it suggests potential gaps in formal education or the need for targeted awareness campaigns. Friends and health service providers emerge as primary knowledge sources, pointing to the role of informal channels in shaping adolescents' understanding of menstruation. High awareness of HIV/AIDS (91.7%) is encouraging, aligning with the global emphasis on HIV/AIDS education. However, the varying knowledge levels about STI signs and symptoms, particularly among males, emphasize the need for comprehensive sexual education that addresses specific health concerns. This aligns with previous research highlighting the effectiveness of well-designed sexual education programs [12,17]. The study underscores a positive trend in the awareness of modern family planning methods (81.0%). However, variations in awareness levels of specific methods, such as contraceptive pills and injectables being more recognized than IUD/Copper T, indicate the necessity for targeted education campaigns to ensure comprehensive

Table 5: Association between knowledge about HIV/AIDS and grade of education

Knowledge about HIV/ AIDS	Grade of Education						Fisher's Exact Test	p-value
	Ten Grade	Eleven Grade	Six Grade	Seven Grade	Eight Grade	Nine Grade		
Yes	145	46	0	18	38	61	68.278	0.000*
No	2	1	2	3	19	1		
Total	147	47	2	21	57	62		

Twelve cells (66.7%) have an expected count of less than 5. χ^2 test has been done. P-value<0.05.*significant.

Table 6: Association between knowledge about Sexually Transmitted Infections and modern family planning methods

Sexually Transmitted Infections	Knowledge about modern family planning methods		95% CI		OR	p-value
	Yes	No	Lower	Upper		
Yes	220	29	2.866	9.097	5.106	0.000*
No	52	35				
Total	272	64				

χ^2 test has been done. P-value<0.05.*significant.CI=Confidence Interval.

knowledge. The predominant role of community clinics and family welfare centers as information sources is crucial for tailoring interventions [2,15]. The diverse array of sources from which participants seek reproductive health information emphasizes the importance of a multifaceted approach. While doctors remain the most frequented source, the significant role of medicine sellers indicates the need to involve multiple stakeholders in disseminating reproductive health information [4,16]. Encounters with sexual reproductive health posters and brochures in healthcare facilities present an opportunity for effective knowledge dissemination. Efforts should focus on enhancing the visibility and accessibility of educational materials in healthcare settings to ensure comprehensive health information dissemination [20]. The study also sheds light on prevailing gender role perceptions. Traditional expectations are evident, with a substantial proportion perceiving deviations from prescribed roles in scenarios such as a woman leaving the house without her husband's permission. These findings align with broader discussions on the intersection of cultural norms and reproductive health [10,13]. The significant correlation between HIV/AIDS knowledge and tenth-grade education ($p=0.000^*$) supports existing literature emphasizing education's role in awareness [1, 6]. It stresses the need for integrating effective sexual and reproductive health education into the curriculum [2, 5, 10]. Similarly, the vital link between STI knowledge and awareness of family planning methods ($p=0.000^*$) underscores the importance of reproductive health education in reducing STI risk [5, 12, 17]. This emphasizes the necessity for evidence-based interventions integrating family planning education to address STI prevalence [15, 18].

Limitation of the study

The cross-sectional design provides a snapshot of

adolescent perspectives, but it lacks the ability to capture changes over time. Additionally, the reliance on self-reported data introduces the potential for response bias, as participants may provide socially desirable answers. The study's focus on rural Rangpur limits the generalizability of findings to other contexts. This survey collected data from boys only. The girls' knowledge and experience may be different.

Recommendations

Future research should employ a longitudinal approach to track changes in adolescent perspectives. Utilizing mixed-methods designs, including qualitative components, would provide richer insights into the context-specific factors shaping reproductive health attitudes. Engaging a more diverse participant pool, including urban populations, would enhance the generalizability of findings.

Conclusion

This study delves into rural Bangladeshi boys' views on sex and gender. While some knowledge exists, gaps remain around modern methods and STIs. Friends and clinics are their main sources, suggesting room for improvement in formal education. Traditional gender roles persist, emphasizing the need for targeted education campaigns with diverse stakeholders, including healthcare providers and religious leaders. Ultimately, this study informs interventions and policies tailored to these boys' specific needs, paving the way for better reproductive health outcomes.

Conflict of Interests

The authors declare no conflicts of interest.

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