

# Adolescent Health

## FACT SHEET

# BANGLADESH

With a population of 150 million and population growth rate of 2.02, Bangladesh is one of the most densely populated countries in the world<sup>1</sup>. During the period 1994-2002, the crude birth rate dropped from

36 to 28.9 and the death rate fell from 13 in 1997 to 8.3 in 2002. The Infant Mortality Rate (IMR) has also declined from 79 in 1998 to 65 in 2004<sup>2</sup>. Since 1990, Bangladesh has risen 14 places in the HDI ranking.

The maternal mortality ratio (MMR) continues to be high with 322 per 100,000 live births<sup>3</sup>. The adult literacy rate (41%) is lowest in the South-East Asia region with female literacy as low as 31%.

## POPULATION OF YOUNG PEOPLE

**Table 1: Number and per cent of young people by age and sex in Bangladesh, 2004**

Age (in years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	8,376,000	5.9	8,000,000	5.6	16,376,000	11.5
15-19	7,645,000	5.4	7,251,000	5.1	14,896,000	10.5
20-24	7,104,000	5.0	6,734,000	4.8	13,838,000	9.8
Total	23,125,000	16.3	21,985,000	15.5	45,110,000	31.8

**Source:** World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

Young people (ages 10-24) comprising of 45 million form the biggest segment of the population (about 32%) of Bangladesh (Table-1). Approximately 22% of total population falls in the age bracket of 10-19, classified as adolescents, a distinct segment of

young people. There has also been an increase in the proportion of young people over the years. However, this is a temporary phase and it is estimated that by the year 2025 their proportion will be reduced to 27%<sup>4</sup>. The proportion of young people residing in rural

areas is also higher than in urban areas<sup>2</sup>. However, the profile changes gradually as young people enter the next age group (15-19 years). Presumably when they migrate from rural to urban areas their numbers fall in rural areas and rise in urban areas.

## STATUS OF EDUCATION

**Table 2: Demographic and social trends among youth (age 15-24 except where otherwise noted) (1950-1990) in Bangladesh**

Year	Youth share of total population %	Per cent single		Per cent in school (ages 15-19 only)		Per cent in labour force		Per cent single and out of school	
		M	F	M	F	M	F	M	F
1950	18	66	0	5	NE	86	4	63	0
1970	17	75	12	25	5	81	5	57	8
1990	21	82	30	31	20	76	76	59	18

NE: Not Estimated

**Source:** East-West Centre 1999: A look at Asia's changing youth population, Asia-Pacific Population and Policy, Number 48.

Although literacy rate and education level of young people in Bangladesh have improved over the years, a large number of them are still illiterate. There is a steady fall in the percentage of both males and females in the younger age group

who have never attended school. The Demographic Health Survey 2004 reports that for men, the proportion which has had no education decreases from 42% for ages 50-54 to 9% among those aged 10-14. For women the decline

is more striking: from seventy to seven per cent. Around 70% of all adolescents receive education<sup>2</sup>. The increase in female education has narrowed the gap in education levels between males and females in young population. Nevertheless,



men are still more likely than women to have completed primary and secondary schools (Table-3). The difference, however, has narrowed in the last ten years. In 1993-1994, men aged 20-24 were 2.3 times more likely than women in the same age group to have completed secondary school; in 2004 this ratio had declined

to 1.5<sup>2</sup>. More than two-thirds of adolescents aged 11-15 years are attending school (Table-4). School attendance is higher for girls than for boys in this age group. For those aged 16-20, school attendance drops sharply from levels at younger ages, and it is higher for males and those residing in urban

areas. The data from previous surveys suggest that for ages 16-20, school attendance has actually fallen for males, while for females there has been a slight increase. One of the major causes of discontinuation of education for adolescent girls, especially in rural areas, is early marriage<sup>5</sup>.

**Table 3: Educational attainments of young people by age and sex in Bangladesh, 2004**

Age (in years)	No education		Primary incomplete		Primary complete		Secondary plus	
	Female	Male	Female	Male	Female	Male	Female	Male
10-14	7.3	8.7	49.5	56.4	5.6	5.9	0.1	0.0
15-19	12.0	13.3	17.5	20.0	9.8	12.1	7.7	8.9
20-24	23.9	15.8	17.7	17.4	9.4	12.1	16.4	23.8

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

\* All figures in per cent

**Table 4: Per cent of young people attending school, by age and sex in Bangladesh, 2004**

Age (in years)	Male			Female			Total		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
11-15	63.0	66.9	66.1	65.9	71.3	70.1	64.6	69.2	68.2
16-20	33.3	29.2	30.2	32.2	22.0	24.4	32.7	25.3	27.0
21-24	26.2	14.5	17.6	11.3	5.1	6.7	17.6	8.8	11.1

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

## EMPLOYMENT

Paid employment begins early in Bangladesh. At ages 10-14, about half of boys and girls are working for cash. A decline has been demonstrated in proportion of school-age children engaged in paid employment during the last decade and half. This decline can be attributed to government policy and support extended for education,

particularly for girls. However, eighteen per cent of boys and five per cent of girls in the age group of 10-14 are employed and are out of school (Table-5).

More young women are employed in urban areas than in rural areas which is reverse in case of young men. However, activity rates among

young people should be "compared with caution", because many girls, especially in rural areas, are doing unpaid domestic work, which does not fit the DHS definition of work. A Bangladesh observation study showed that girls spend less than half as much time on income-earning work as boys, whether or not they are in school<sup>6</sup>.

**Table 5: Per cent of working young people by age, sex and residence in Bangladesh, 2004**

Age (in years)	Male			Female		
	Urban	Rural	Total	Urban	Rural	Total
10-14	19.7	17.6	18.0	10.4	3.1	4.7
15-19	54.5	58.0	57.2	17.7	7.4	9.7
20-24	71.2	79.6	77.5	22.0	15.4	17.0

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.



**Working adolescents are exposed to hazards**

Nature of hazards working children and adolescents exposed to are:

- working with high speed rotary blades—10.7%.
- working with sharp instruments—19%.
- working with hot elements and electric tools without protective shield—15%.
- working with chemicals without gloves—14%.

*Source: Rahman W. Hazardous Child Labour in Bangladesh, Department of Labour, Government of Bangladesh, 1996.*

**DEATH RATES AMONG YOUNG PEOPLE**

**Table 6: Age-specific death rates among young people in Bangladesh, 1995**

Females (%)			Males (%)		
Aged 10-14	Aged 15-19	Aged 20-24	Aged 10-14	Aged 15-19	Aged 20-24
1.1	2.3	3.1	1.7	2.0	2.2

*Source: United Nations (1997) Demographic Yearbook 1995 New York, United Nations (ST/ESA/STAT/SER. R/26).*

Adolescence is generally a period of life free from both childhood diseases and the effects of aging. Mortality rates among adolescents are generally lower than those observed

at younger and older ages. In Bangladesh, mortality rates for females were higher than males in the older age group, i.e. in reproductive years (ages 15-19 and

20-24), which could be due to disparities in terms of food intake, access to healthcare and other developmental care or mortality during childbearing and childbirth.

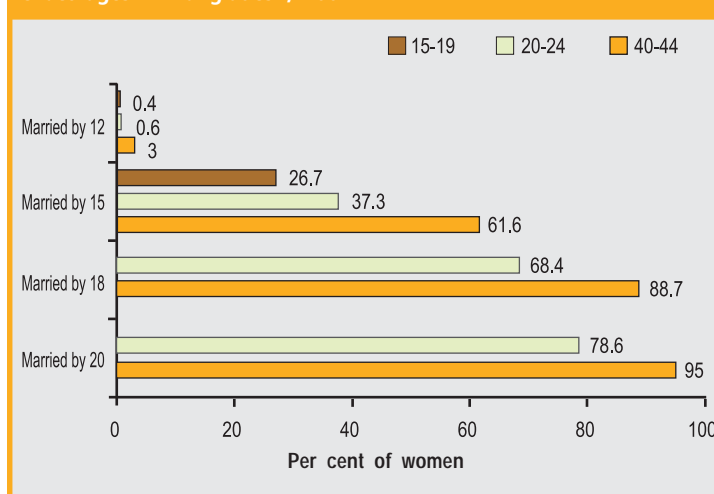
**AGE AT MARRIAGE**

In Bangladesh, the legal minimum age of marriage is 18 for girls and 21 for boys. Despite the law governing the age for marriage, early or teenage marriages are common. This deprives girls of some of their basic rights and subjects them to health risks and discrimination. About 11% of girls aged 10-14 and 46% of 15-19 year olds are married<sup>2</sup>. However, the median age at first marriage has risen gradually during the last 25 years (from 13.9 years for women aged 45-49 to 16 years for those aged 20-24). The proportion of women marrying by age 15 has dec-lined by almost half over the time, from 62% among women aged 45-49 to 37% among women aged 20-24. Around 79% of Bangladeshi women marry before the age of 20 (Figure-1). The marriage rate for adolescent girls is about eleven times higher than for boys.

**Table 7: Marriage and childbearing in Bangladesh**

Median age at first marriage for girls <sup>2</sup> (ages 20-24)	16 years
Median age of first birth <sup>2</sup>	18.4 years
Per cent of TFR attributed to birth by ages 15-19 <sup>8</sup>	18

**Figure 1: Per cent of women who were first married by specific exact ages in Bangladesh, 2004**



*Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.*



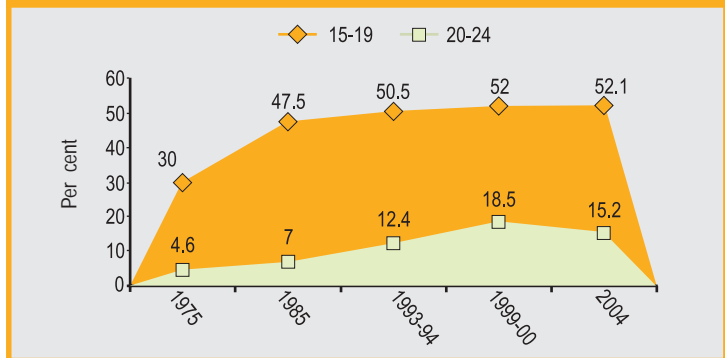
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Women in rural areas get married much earlier than those living in urban areas (Table-8). The median age at first marriage for women aged 20-24 in urban areas is 17.1 as compared to 15.7 in the same age group in rural areas. Similarly, education has also played a significant role in increasing the age of marriage of women in Bangladesh. The median age at first marriage is 14 years for those with no education and 19.8 years for those who have at least completed secondary education.

In Bangladesh, almost all marriages are arranged by the parents. While

**Figure 2: Trend in proportion of never married among women 15-19 and 20-24 years in Bangladesh, 1975-2004**



Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

assessing the ease and confidence of youth to discuss marriage and partners with their parents, a youth survey<sup>7</sup> reported that about 40% of urban youth expressed confidence in discussing marriage with their parents. For rural youth figure lowered to 32% for males and 29% for females.

**Table 8: Per cent of women aged 20-24 married by the exact age of 18 in Bangladesh**

Total	Urban	Rural	No Education	Primary Education	Secondary Education	Higher Education	Poorest	Richest
68.4	43.6	72.1	86.2	78.2	52.6	10	86.8	40.3

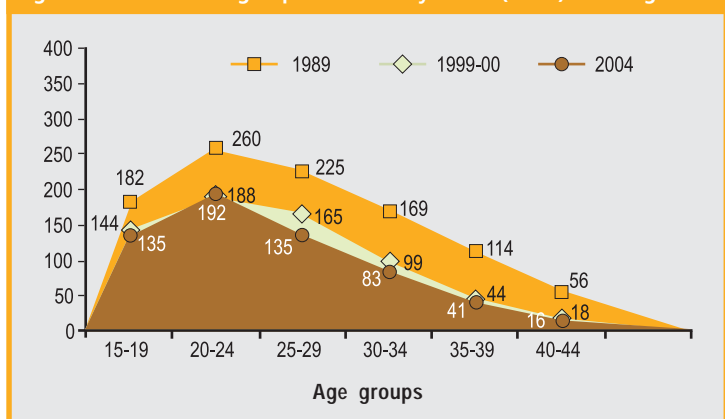
Source: Early Marriage, A Harmful Traditional Practice: A Statistical Exploration 2005, UNICEF.

## PREGNANCY AND CHILDBEARING

Childbearing commences soon after marriage. More than 10% of 20-24 year old young women give birth to their first child before the age of 15 while 36% before they turn 17<sup>2</sup>. The age-specific fertility rate (ASFR) for ages 15-19 is 135 with fertility of this age group making up 18% of the total fertility rate (Figure-3). The median age at first birth shows that more than half of all births take place during adolescence (18.4 for 20-24-year age group). The Bangladesh Demographic and Health Survey (BDHS) 2004 reveals that 28% of teenage women in Bangladesh are mothers and another 5% are pregnant with their first child. In all, one-third of teenagers have begun childbearing (Table-9).

Although there is not much change during the last 4 years (between 2000 and 2004), the data for different age groups shows that mean age at first

**Figure 3: Trends in age specific fertility rates (ASFR) in Bangladesh**



Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

birth is rising among young women when compared with their mothers' generation in keeping with a rising age of marriage. The median age at first birth has increased from 17.6 for older women aged 40-44 to 18.4 for women aged 20-24<sup>2</sup>.

Early childbearing among adolescents is more prominent in rural

areas, compared with urban areas. Delayed childbearing has strong relation with education of women. Only 16% of the teenagers who had completed secondary education had begun childbearing, compared with almost 47% of those with no education. Childbearing begins earlier among adolescents in the poorest households.



**Table 9: Per cent of married adolescents aged 15-19 who have begun childbearing in Bangladesh, 1999-2000 and 2004**

Age (in years)	Per cent who have begun child-bearing	
	1990-2000	2004
15	15.9	11.5
16	26.0	22.2
17	36.5	37.2
18	45.0	42.8
19	57.3	58.8
<b>Residence</b>		
Urban	25.5	26.1
Rural	37.0	37.4
<b>Education</b>		
No education	55.7	46.5
Primary incomplete	45.3	45.8
Primary complete	43.3	37.1
Secondary plus	20.9	-15.5
<b>Total</b>	<b>34.7</b>	<b>32.7</b>

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

Young mothers are more likely to suffer from severe complications during delivery which result in higher morbidity and mortality for both mother and child. Adolescents tend to have a higher mortality rate than older women: the risk of dying from pregnancy-related causes is twice as high for women aged 15-19 as for women in their early twenties (Figure-4).

The neonatal, infant and under-five mortality rates among children of mothers aged less than 20 are much higher than children of older mothers. It declines with the increase in age of the mother at birth (Figure-5).

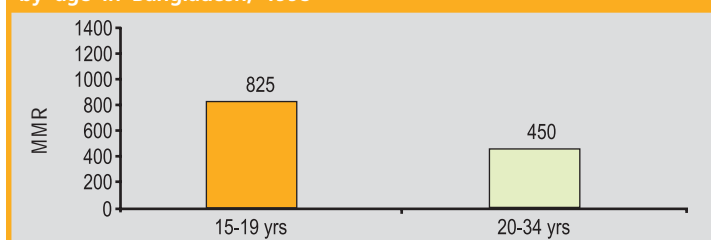
### Induced abortion among young people

Induced abortion is permitted only to save a woman's life. It is available since 1999 for up to the 12 weeks of gestational age in the form of 'menstrual regulation' (MR). About 1.4% of currently married adolescents reported undergoing menstrual regulation (Table-10). As abortion services are available only up to the 12th week of the pregnancy, adolescents may not recognize their pregnancy or find adequate resources in time. Small-scale studies have shown that while adolescents constitute 9% of women who received services from 'menstrual regulation'

### Antenatal & delivery care<sup>3</sup>

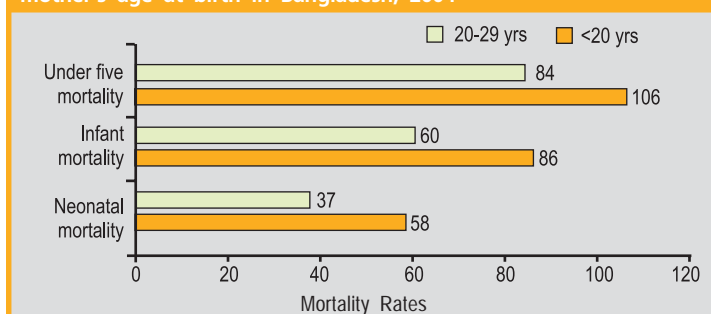
- A large proportion of married female adolescents are unaware of the need for antenatal check-up during pregnancy, postnatal care services etc.
- Over 59% of women below 20 years received antenatal care. The proportion of those receiving any antenatal care is increasing gradually.
- Over 52 percent received iron and folic acid supplementation during pregnancy.
- More than 90 percent of deliveries for women below 20 took place at home.
- 18.2% of women below 20 years received postnatal care.

**Figure 4: Maternal mortality ratio (MMR) (per 100,000 women) by age in Bangladesh, 1998**



Source: Family Care International 1998, as cited in Mathur S., Greene M., Malhotra A. 'Too Young to Wed: The lives, rights and health of young married girls', ICRW, 2003.

**Figure 5: Neonatal, infant and under-five mortality rates and mother's age at birth in Bangladesh, 2004**



Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

**Table 10: Per cent of currently married women who know or have ever used Menstrual Regulation (MR) in Bangladesh, 2004**

Age group	Who know MR	Who used MR services (%)
10-14	52.6	0.0
15-19	75.3	1.4
20-24	81.8	3.6

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

clinics, they also form 15% of those rejected by the clinics presumably because of the advanced stage of pregnancy. As a result many adolescent girls are hospitalized for complications of undergoing an

abortion by traditional birth attendants or after attempting to induce<sup>9</sup>. Cause-specific MRs showed that deaths from abortion among 15-19-year-olds were twice more common than those in women aged 20-34<sup>10</sup>.



## USE OF CONTRACEPTION

The family planning programme in Bangladesh has made remarkable progress over the last few decades. While knowledge of family planning methods (99%) is high among Bangladesh couples irrespective of their age, the use of contraceptives by adolescents aged 15-19 (42%) is much lower than the national average among married women (58%) (Table-11). Nevertheless, contraceptive use among women aged 15-19 has increased from 25% in 1993-94 to 42% in 2004. The BDHS 2004 also reported that young women showed a tendency to initiate family planning use at lower parities as compared to older women (23% among 35-year-olds vs 67% among ages 15-24). Modern methods are preferred over

**Table 11: Per cent distribution of currently married young women by contraceptive method currently used in Bangladesh, 2004**

Method	1999-2000			2004		
	10-14 years	15-19 years	20-24 years	10-14 years	15-19 years	20-24 years
Any method	25.7	38.1	47.1	29.1	42.2	52.9
Any traditional method	9.6	6.9	7.0	7.2	8.1	6.2
Any modern method	16.1	31.2	40.1	21.9	34.1	46.8
Pill	11.5	21.0	26.6	15.5	23.1	31.3
IUD	0.0	0.7	0.8	0.0	0.3	0.4
Injectables	0.9	4.9	7.2	0.4	6.2	8.8
Condom	3.8	4.3	4.0	6.0	4.2	4.8
Female sterilization	0.0	0.1	0.7	0.0	0.0	0.3
Male sterilization	0.0	0.0	0.1	0.0	0.0	0.1
Norplant	0.0	0.1	0.6	0.0	0.3	1.1
Not currently using	74.3	61.9	52.9	70.9	57.8	47.1

Source - Bangladesh Demographic and Health Survey (BDHS) - 1999-2000, 2004.

The high unmet needs among adolescent females than older adolescents along with their high level of knowledge of contraception indicate that married adolescent females than older women: 81% of 20-24-year-olds were not visited by field workers against 86% of under-19-year-olds. Young

**Table 12: Per cent of currently married young women with unmet need and the total demand for family planning services in Bangladesh, 2004**

Age (in years)	Unmet need for FP (%)			Total demand for FP (%)			Demand % Satisfied
	For Spacing	For Limiting	Total	For Spacing	For Limiting	Total	
10-14	23.3	0.0	23.3	52.0	0.4	52.5	55.5
15-19	14.4	0.8	15.1	53.9	6.0	60.0	74.7
20-24	8.3	4.1	12.5	42.3	26.4	68.7	81.9

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

traditional methods. The pill continues to be by far the most popular method of contraception with injectables being another commonly used mode. Use of condoms is considerably low despite them being the most effective contraceptive to prevent pregnancy as well as STIs and HIV/AIDS.

Over one-fifth of births to adolescents are unplanned - 20% mistimed (child was desired later) and 0.8% unwanted reflecting the obvious need for contraception among young people<sup>2</sup>. Young adolescents have the highest unmet need for family planning which decreases gradually with increase in age (Table-12).

**Table 13: Per cent of currently married young women who discussed family planning with their husbands in Bangladesh, 2004**

Age (in years)	Never discussed	Once or twice	More than twice
10-14	56.4	33.7	9.9
15-19	51.4	39.8	8.7
20-24	50.8	40.3	8.6

Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

young people face significant barriers to adopting contraception. Major reasons for non-use of contraceptives cited by 10-29-year-old married men and women are fatalistic attitude (19.6%), opposition from partner (12.4%), opposed by respondent (11.9%), religious prohibition (9.4%) and a fear of side effects (5.9%). The BDHS 2004 also reported that field workers were less likely to visit

women are less likely to know of a satellite clinic in the community and are less likely to have visited for family planning services. Only 9% of 15-19-year-olds could visit the clinic. Inter-spousal communication is important for adoption and sustained use of contraception. Young adolescent girls are less likely to discuss family planning with their husbands than older women (Table-13).



## NUTRITIONAL STATUS

A large number of adolescents, especially girls, suffer from malnutrition. Girls consume fewer calories than boys<sup>11</sup>. They consumed 8% less calories at ages 10-12, 18% less at ages 13-15 and 28% less at ages 16-19. In the 10-12-year-old age group, both boys and girls did not meet their daily calorie requirements. The diet of adolescents is deficient in all the nutrients, particularly in iron, calcium, vitamin A and vitamin C (Table-14). Rural Bangladesh has the highest prevalence of thinness and stunting (67% and 48% respectively) among adolescents<sup>12</sup>. At the same time, low prevalence was observed in school-going girls of urban Bangladesh (16% and 10%)<sup>13</sup>. The incidence of anaemia is as high as 100% in girls and 99% in boys in rural Bangladesh whereas only 22% girls were found anaemic in the urban areas<sup>11,14</sup>.

**Table 14: Nutrient intake by school-going adolescents in Bangladesh, 1998**

Nutrient	Per cent of RDA			
	<50%	50-74%	75-99%	100%
Energy	10	56	25	9
Fat	12	33	32	23
Protein	17	46	20	17
Calcium	48	17	14	21
Iron	31	35	11	23
Vitamin A	44	10	8	38
Vitamin C	37	18	12	33

Source: Ahmed et al., 1998<sup>12</sup>.

**Table 15: Nutritional status of ever married young women in Bangladesh, 2004**

Age (in years)	Height less than 145 cm (%)	BMI less than 18.5 (%)
10-14	17.2	39.8
15-19	15.8	39.6
20-24	16.1	36.1

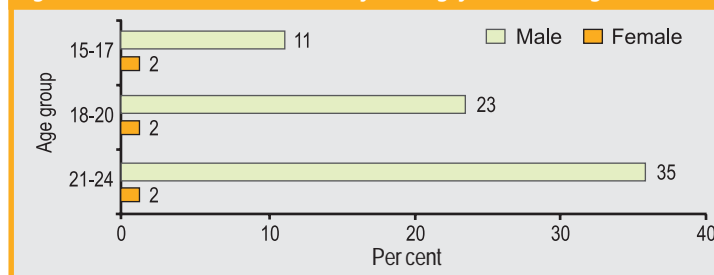
Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.

Countrywide data for nutritional status of ever married young women shows that a significant proportion of young mothers fall below the cut-off point for height and thinness or show signs of acute malnutrition at which the mother can be considered at risk (Table-15).

## SEXUAL ACTIVITY

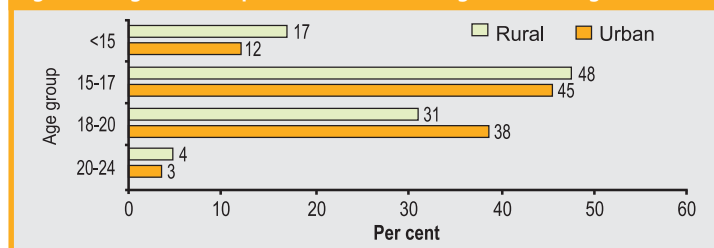
Although Bangladesh is a traditionally conservative society, there is increasing evidence that a significant proportion of young people engage in pre- and extra-marital sex, the vast majority of which is unprotected. A national survey<sup>7</sup> on young people aged 15-24 reported that 48% of rural and 45% of urban males had their first sexual experience between 15-17 years of age (Figure-7). About 31% of rural and 38% of urban males had sex at 18-20 years of age and about one-sixth had sex before the age of 15. About 26% reported having sex with commercial sex workers. The urban youth reported higher exposure to sex workers as compared to their rural counterparts. The reported prevalence of premarital sex among females was very low (2%) compared to males in all age groups (Figure-6). The most common reported partner in premarital sex

**Figure 6: Pre-marital sexual activity among youth in Bangladesh, 2005**



Source: Baseline HIV/ AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.

**Figure 7: Age at first pre-marital sex among males, Bangladesh, 2005**



Source: Baseline HIV/ AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.

for boys was girlfriend (58%) which 57% reported having sex with commercial sex workers<sup>7</sup>. A large proportion never used a condom in premarital sex (Figure-8).



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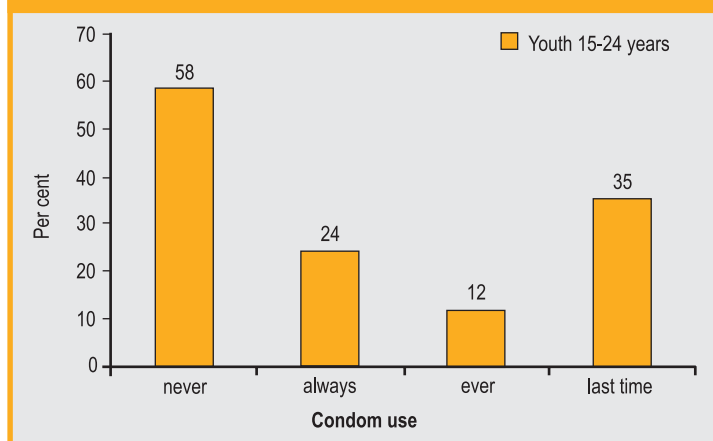
### Young men having sex with men (MSM)

There is a growing evidence of MSM exploratory behaviour among boys in Bangladesh; though no national-level data on young MSM is available. A need assessment study<sup>15</sup> for prevention of HIV/STIs among MSM in the age group of 21-30 years in Dhaka revealed that the mean age of first sex with other males was mostly between 10-12 years. Most of them sold sex with seven or eight clients per night and 40% did not know anything about condoms. STIs were common and the overall use of condoms was very low. Of the MSMs 57% were married and some sold sex to women as well.

### Exposure to pornography

A survey of Bangladeshi youth<sup>7</sup> showed that 75% of males and 20% of females were exposed to pornographic movies with the phenomenon being more pronounced in urban areas. Males with premarital or extramarital sexual experience

Figure 8: Condom use in pre-marital sex by youth in Bangladesh, 2005



Source: Baseline HIV/ AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.

### Sexual abuse of girls under 15 years of age and forced first sex<sup>16</sup>

- About 7% of respondents in Dhaka and 1% in Matlab reported sexual abuse before 15 years of age.
- The younger a woman's age at first sex the greater is the likelihood of her first sexual experience being forced. Of all those who had their first sexual experience before 15, 38% of women in Dhaka and 36% in Matlab said it was forced.

have a higher exposure to pornographic material. Approximately 40% of female respondents with a history of pre- and extramarital sex had some exposure to pornographic material, 18% of it being recent. Exposure to pornography was significantly higher among unmarried males with a history of sexual exposure compared to those without exposure.

## STIs AND HIV/AIDS AMONG YOUNG PEOPLE

(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/ SEARO)

The national adult prevalence rate of HIV/AIDS in Bangladesh is well below 1%<sup>17</sup>. According to the age disaggregated data, more males were living with HIV/AIDS in the 15-24-year age-group than females (Table-16).

Table 16: Youth (aged 15-24) living with HIV/AIDS in Bangladesh, end-2001

Female		Male	
Number	Per cent	Number	Per cent
980	0.01	1100	0.01

Source: Young People and HIV/AIDS: Opportunity in crisis, UNICEF, UNAIDS and WHO, 2002.

Table 17: Selected data on young people from the 4th round of national HIV behavioural surveillance, 2002

Behaviour	Per cent
Bought sex from female in the past month	18.2
Sought STI treatment at formal facilities	50.5
Bought sex from male/hijra in the past month	2.7
Condom use at last commercial sex with female	35.3
Injected drug in past year	0.4

Source: 4th round of National & Behavioural Surveillance Survey (2002), Government of Bangladesh.





The young people are an emerging key vulnerable group for potential HIV infection in Bangladesh which is evident from the rising incidence of sexually transmitted infections (STIs) among them. The national survey showed that approximately 25% of males and 21% of females reported symptoms of STIs<sup>7</sup>. The survey also showed that unmarried and married men who had a history of premarital and extramarital sexual exposure had higher prevalence of STI (Figure-9). The BDHS 2004 showed that about 4% of married young men were having sexually transmitted infections.

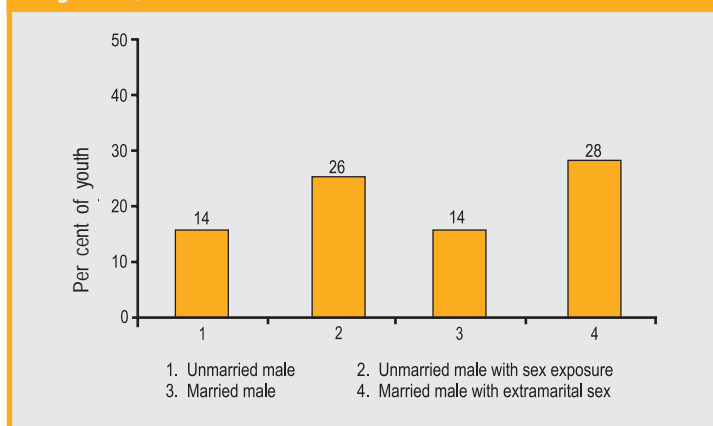
Knowledge on STI transmission, prevention and symptoms among young people in the country was very low. Most young people fail to perceive the risk for HIV as they have little or no knowledge of the fact that STI increases the vulnerability towards HIV/AIDS. Less than 5% male and female youth surveyed perceived the risk for STI and HIV (Figure-10).

**Young people lack information and skills**

The national survey<sup>7</sup> shows that 93% of males and 85% of females were aware of HIV/AIDS. Awareness was higher among urban youth. While more than 90% of youth had heard of HIV/AIDS, only 36% of males and 41% of females in the 15-24-year age group had correct knowledge of two or more routes of HIV transmission. More than 70% respondents had correct knowledge about HIV/AIDS (Table-18). However, less than one-third of the youth possessed correct knowledge regarding anal and oral sex posing a risk factor for HIV transmission.

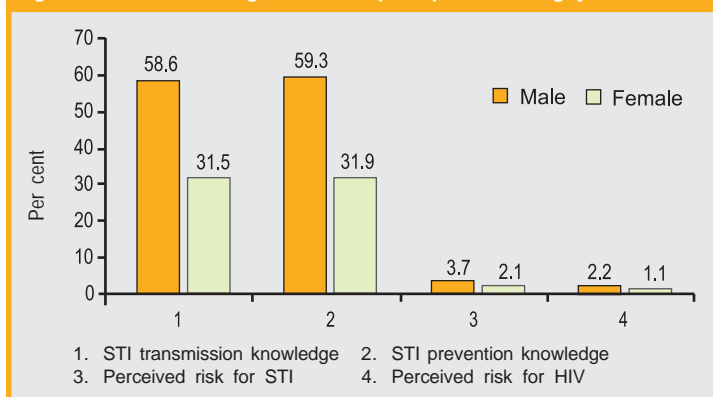
A majority of youth had high levels of misconception about the means of transmission and prevention of

**Figure 9: Reported STI symptoms among male youths in Bangladesh, 2005**



*Source: Baseline HIV/AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.*

**Figure 10: STI knowledge and risk perception among youth**



*Source: Baseline HIV/AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR) Population Council, Bangladesh, August 2005.*

**Table 18: Correct knowledge about HIV/AIDS**

Indicators	Per cent
Healthy person may be HIV+ve	61
IDU is a risk factor for HIV/AIDS	72
Can get HIV from blood transfusion	79
Condoms can reduce risk	74
Limiting sex with one partner reduced risk	73
Multiple partners can increase risk	80
Females can have HIV by anal sex with males	34
One can be infected by oral sex	31

*Source: Baseline HIV/AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.*

HIV/AIDS (Table-19). The awareness of condoms as a mode of protection among young people about the role from HIV/AIDS/STIs was also very low.

Table 19: Misconceptions about HIV/AIDS among 15-24-year-olds, 2005

Misconceptions	Per cent harbouring misconception
<b>About transmission</b>	
Cough/sneeze	52
Sharing food/water	63
Sharing bath/pond	39
<b>About prevention</b>	
Washing after sex prevents HIV/AIDS	57
Using lubricant with condom prevents HIV/AIDS	73
Taking antibiotics prevents HIV/AIDS	54
Taking vaccines prevents HIV/AIDS	54
Sex during menstruation prevents HIV/AIDS	64

Source: Baseline HIV/AIDS Survey Among Youth in Bangladesh, 2005, ICDDR, B: Centre for Health and Population Research, Associates for Community and Population Research (ACPR), Population Council, Bangladesh, August 2005.

## INFORMATION AND CARE-SEEKING BEHAVIOUR

### Healthcare-seeking behaviour

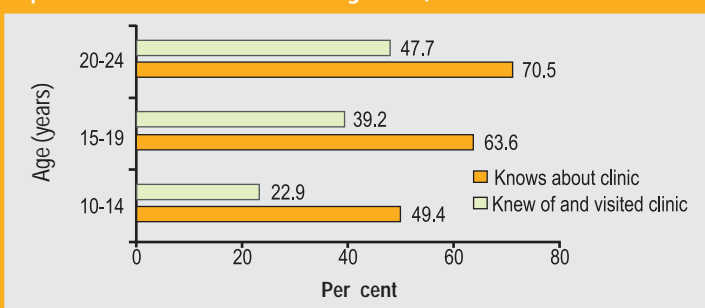
No national data on healthcare-seeking behaviour of young people, especially unmarried, is available. However, information on ever married young women shows that younger adolescents are less likely to know about and visit the clinics (Figure-11). Studies on a smaller scale showed that unmarried but sexually active adolescents reported not feeling comfortable seeking family planning or STD services from nearby clinics and pharmacies, where they perceived the service providers to be judgmental and unfriendly. In urban areas, a high proportion of boys (60%) from non-slum areas consulted healthcare providers as against boys (50%) living in slum areas. In rural areas 63% boys and 54% girls consulted the healthcare providers for their perceived reproductive health problems<sup>18</sup>.

Another study revealed that a large proportion of the adolescents (over 80%) suffering from gynaecological morbidity did not seek healthcare for their ailments indicating that adolescents were unaware about their reproductive morbidity. The other reasons for not seeking healthcare were not having autonomy and living in a joint family<sup>19</sup>.

### Exposure to media

The Baseline HIV/AIDS Survey<sup>7</sup> conducted during 2005 among

Figure 11: Per cent of ever married young women who knew of/ reported a satellite clinic in Bangladesh, 2005

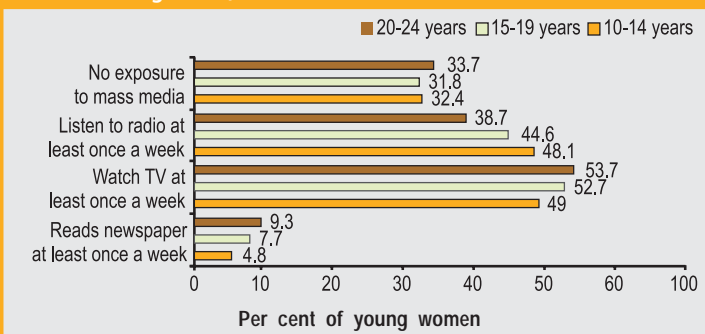


Source: Bangladesh Demographic and Health Survey (BDHS) - 1999-2000.

youth revealed that only 5% and 1% of urban and rural females respectively reported that they read newspapers regularly. About 75% of urban and 85% of rural males, and 59% of urban and 68% of rural females listened to the radio ever. The reported exposure ever to television (TV) was 97% among urban and 92% among rural males. The corresponding estimates for females were 92% and 73% respectively. About 60%

of urban and 38% of rural males and 61% of urban and 28% of rural females view TV everyday. The BDHS 2004 also reported that amongst different media, exposure of young women to television was the highest (Figure-12). However, it was also reported that about one-third of young women were not exposed to any mass media. This suggests that the only way to reach them is through interpersonal communication.

Figure 12: Per cent of ever-married women exposed to various media in Bangladesh, 2004



Source: Bangladesh Demographic and Health Survey (BDHS) - 2004.



## SUBSTANCE ABUSE

The Baseline HIV/AIDS Survey<sup>7</sup> conducted during 2005 among youth showed that about 8% of male and 0.4% of female respondents reported to have consumed substance sometime in life. Substance use was higher among the urban male (10%) than the rural (6%). Among unmarried males with a history of

- The mean age of initiation into smoking is 17 years<sup>20</sup>.
- Nearly 80% of 15-24-year-olds used smokeless tobacco—gul, zarda, dried tobacco leaves etc—a higher rate than any other age group<sup>20</sup>.
- The prevalence of smoking among 10-18-year-old males and females is 17.2% and 1% respectively<sup>20</sup>.

substance use 56% had history of premarital sexual exposure. Condom use was also low among males with a history of substance use. About 11% of substance users used condom in extramarital sex.

## INJURY, ACCIDENTS AND VIOLENCE

Population-based surveillance in a rural community in southwest Bangladesh revealed that suicide is a major cause of mortality, especially among young females. Mortality from suicide occurred at a rate of 39.6 per

100,000 population per year from 1983-2002. Among young people 10-19 years old, 42% of deaths were due to suicides while 89% of suicide-associated deaths in this age group were of females. Suicide-associated

death rates from this surveillance area are substantially higher than rates reported elsewhere in Asia, warranting further studies to be aimed at identifying risk factors for suicide and strategies for prevention<sup>21</sup>.

### Violence<sup>20,22</sup>

- Violence, sexual abuse and exploitation are serious problems.
- Throwing acid at women (including adolescents) is one of the most gruesome and commonest form of violence against women.
- Many acid attack survivors are girls below the age of 18.
- The mean age of sexual abuse is 11.6 years.
- Rape occurs mainly between the age of 6 & 11 years.
- About 60% reported cases of rape were of adolescents.
- Nearly 40% of male and female adolescents constitute the total victims trafficked out of the country.
- Physical and psychological torture of young domestic servants is common.

Table 20: Suicide associated deaths in Bangladesh, 2003

Age (in years)	Males (%)	Females (%)	All (%)
<19	15	54	41
20-29	43	33	37

**Source:** Surveillance and Data Resource Unit and Field Sites Unit, Health Systems and Infectious Diseases Division (HSID), ICDDR, B: Health and Science Bulletin Vol. 1, No. 5, December 2003.

### Laws impacting adolescents<sup>20</sup>

- Child Marriage Restrain Act (Amendment Ordinance 1984), which raises the minimum age of marriage of women from 16 to 18 years and that of men from 18 to 21 years. It also provides punishment for marrying a girl child.
- The Muslim Family Ordinance 1961 regulates certain aspects of divorce, polygamy and inheritance.
- Cruelty against Women (Deterrent Punishment Act 1983) provides punishment by death sentence or life imprisonment for kidnapping or abduction of women for unlawful purposes and trafficking and for causing of death or grievous injuries.
- The Penal Code (Second Amendment Ordinance) provides capital punishment for causing grievous injuries of acid throwing.
- The Suppression of Immoral Trafficking Act, 1933 provides punishment for forcing a girl into prostitution.
- Abortion is not legal but Menstrual Regulation is permitted to save woman's life.



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