

Unheard Narratives of Sexual and Reproductive Health Rights (SRHR) of Adolescent Girls of the Holy Cross College, Dhaka, Bangladesh

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Abstract: *Sexual and Reproductive Health Rights (SRHR) of adolescent boys and girls are talked of phenomena. Youth studies capture SRHR perspective to a little extent covering college going adolescent girls of Dhaka city, Bangladesh. This study considers the adolescent girls studying in grade XI and XII at the Holy Cross College, Dhaka, Bangladesh. The study uses qualitative research approach with in-depth interviews, focus group discussions and free-listing to shed light on understanding the level of adolescents (girls) sexual and reproductive health rights and how these rights are practiced into their lives. The findings indicate that social stigma, religious superstitions as well as cultural rigidity hinder adolescents' girls to have secured and reliable sources of information on reproductive and sexual health and practices of such rights into their individual life. The constraint of the study is that it does not cover male adolescents' students' perceptions on SRHR.*

Keywords: *Adolescent, Sexual and Reproductive Health, Culture, Stigma*

I. Introduction

Sexual and reproductive health rights (SRHR) is considered human rights of people's sexuality, sexual and reproductive health concerns. These rights are recognized not only the International Conference on Population and Development (ICPD) Program of Action but also by a number of human rights documents, international laws, and global consensus documents. Articles 12.1, 15.1, 23.2 and 23.3 of International Covenant on Economic, Social and Cultural Rights (ICESCR), Articles 9.1, 17.1, 7 and 23.4 of International Covenant on Civil and Political Rights (ICCPR) strongly support adolescents' sexual and reproductive health rights. The United Nations Population Fund (UNFPA) defines an adolescent as someone being 10-19 years of age. They are seen to be human beings with their own rights including Sexual and Reproductive Health Rights (SRHR) (CRC, 1989). Like adult persons, adolescents have the right to enjoy reproductive self-determination, bodily integrity, adequate information to protect themselves from Sexually transmitted diseases (STDs), including HIV, too early or unwanted pregnancy and unsafe abortion etc. Protection from violence-specially sexual harassment is also a very important part of adolescents' Sexual and Reproductive Health Rights (SRHR).

Adolescents have sexual needs, desires, fantasies, and dreams and hence should be entitled to sexual and reproductive rights just as any other rights the adult people enjoy. However, the sexual and reproductive health concerns of adolescent girls along with the practices of such rights are inadequately represented in literature in the context of Bangladesh. It is because discrimination, stigma, violence, fear, ignorance and cultural and traditional beliefs that threaten adolescent's sexual and reproductive health rights issues as well as limiting their capacity to have a safe and reliable source of sexual health connected information. This article reveals why adolescent girls' aged between 18 to 19 years are limitedly informed of sexual and reproductive health issues, and how religious superstitions, together with social stigma interplay to gain limited understanding on sexual and reproductive health rights.

II. Literature Review

Bangladesh has a population of 160 million with almost 52 million of adolescents among which 'A third is under 14 years of age and 21% are aged 10-19' (Karim 2014, p.11). United Nations Convention on the Rights of Child (1989) safeguards the rights adolescents should enjoy as human beings. As argued by CRC (1989) adolescents should be subjected to universal, inalienable, indivisible, interrelated and interdependent sexual health rights. Bangladesh, being packed with political instability caused by ruling party of the government and

opposition, even though, the silent role played by the Human Rights Commission, the state machinery fails to ensure basic human rights for all. Hence, studies on adolescents' sexual and reproductive health rights are getting popularity day by day in our country as it has turned to development industry made by the development NGOs.

During puberty, young people experience certain physical and psychological changes and get acquainted with their sexual orientation. Like adult members of the society, adolescents are subjected to reproductive sexual health rights. Amnesty International USA (2013) proposes that,

Sexual and reproductive health rights—includes access to sexual and reproductive health care and information, as well as autonomy in sexual and reproductive decision-making including the right to health, the right to be free from discrimination, the right to privacy, the right not to be subjected to torture or ill-treatment, the right to determine the number and spacing of one's children, and the right to be free from sexual violence.

From the above definition, it is clear that adolescents' sexual and reproductive rights can be understood as not only the capacity to enjoy their rights to reproductive self-determination, in accordance with international protections of their rights to physical integrity and privacy but also the availability of proper and adequate information to protect themselves from Sexually Transmitted Diseases (STDs), including HIV, too early or unwanted pregnancy; unsafe abortion; and violence—sexual violence and abuse etc. This study sheds light on the fact that the knowledge level of the adolescent girls of a metropolitan city like Dhaka with regards to sexual and reproductive health rights remains relatively unsatisfactory.

Conservative Muslim society of Bangladesh considers sexuality as a taboo. Consequently, the people, in general, feel uncomfortable in talking about sexual and reproductive health. This causes health hazards—STDs, HIV, AIDS, unwanted pregnancy and unsafe abortion etc. Even though, higher health risk possibilities occur for adolescents because the adolescent population of Bangladesh cannot but possess a poor understanding of sexual and reproductive health (Huq et al. 2005, p.7). Similarly, Barkat and Majid (2003, p.1) captured the extent of sexual health related ignorance of the adolescents focusing:

Adolescents of the country have a very limited knowledge of their own sexuality, physical well-being, health, and bodies. This knowledge remains incomplete and confusing for them as well. Low rates of educational attainment, limited sex education activities, and inhibited attitudes toward sex contribute again accelerates the ignorance.

Adolescents are diverse in nature depending on biological, social, cultural, economic, environmental, religious and contextual factors and hence their experiences and expressions of sexuality are different from individual to individual. Bhatasara, Chevo and Changadeya (2013) in a study on male school going adolescents of Zimbabwe emphasized significant ways adolescents understand sex, sexuality, and sexual health. 'Adolescents are more vulnerable than adults of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS' (Rahman, Kabir and Shahidullah 2009, p.3).

Santhya and Jejeebhoy (2015) document the poor condition of adolescent girls' rights over sexual and reproductive health in 55 countries low- and middle-income countries. This quantitative study uses the determinants of adolescent girls' experience of sexual coercion or violence, unsafe sex, unintended pregnancy, malnutrition and anemia, poor health promoting information and lack of access to SRH services.

A strong social and cultural taboo exists around the issue of sexual and reproductive health and rights, directly and indirectly, work as a hindrance for young adolescents of Bangladesh to have access to adequate information about it. This causes a silence that is reflected throughout their entire life. It is illustrated that the Campaign for Popular Education identifies socio-cultural beliefs and practices of sexualities in rural areas of Bangladesh. The rural people even though the urban one holds little extent of knowledge of sexuality for adolescents' resulting in arousal of a feeling of shame of girls of their sexual and reproductive health. This feeling of shame discourages adolescents' to seek information from authentic sources as they get influenced by peer groups. These concerns were explored by Sieving et al. (2006) finding out the fact how adolescents' sexual behaviors are influenced by the sexual attitudes and behaviors of their friends in the United States of America.

If adolescents are given proper information sources of sexual and reproductive health rights, it can respond effectively as claimed by Rashid (2000). This research also reveals how Adolescent Reproductive Health Education (ARHE) programs (launched by The Bangladesh Rural Advancement Committee, BRAC) motivate the rural community to be talkative about the sensitive issue of sexuality and thus the adolescents of those communities benefitted by the sex education (e.g., menstruation, contraception, STD connected knowledge and so on) and can effectively minimize Sexual and Reproductive Health Rights violations.

Haseen et al. (2004) in a quasi-experimental study with adolescent boys and girls aged between 13 to 19 of *Mirsarai* and *Abhoynagar* finds the complexity of adolescent reproductive health interventions may be succeeded if they receive warm support from the communities, parents, and teachers.

The review of literature discussed above shows a growing interest in adolescents' sexual and reproductive health concern, but, unfortunately, in most cases studies look at SRH concerns in the paradigm of Sexual

and reproductive health providing services throughout the country, social stigma and religious superstitions on SRH, poor sexual and reproductive health features of adolescents etc.

Throughout the literature review process, researchers found few studies presenting local stories on sexual and reproductive health rights (SRHR) of adolescent girls. Few studies employed quantitative measures to find out the state of sexual and reproductive health factors of the young boys and girls exploring the quantified dimension of sexual and reproductive health. As a result, the qualitative aspects as a form of narratives, interesting quotations and direct statements of adolescent girls' own perceptions about SRHR are missing displaying a direct link between social stigma and understanding level of SRHR. These knowledge gaps appeared from the literature review is expected to fill up exploring if adolescent girls of a metropolitan city, i.e., Dhaka can define their own perceptions of SRHR and to what extent social stigma negatively affect their awareness level of SRHR.

III. Methods Used

The study uses qualitative research approaches-In-depth Interviews, Focused Group Discussions and Free-listing for capturing participants' in-depth knowledge on SRHR and how it is practiced in their respective lives. The study employed purposive sampling method allowing interested informants to participate in the research process. Fifteen adolescent girls from grade-XI and XII, who are aged around 16 to 18 years of age of Holy Cross College Dhaka, were sampled. Most of the studies capturing adolescents' sexual and reproductive health concerns focus only on rural areas. Hence, this study is conducted at Holy Cross College, a renowned girls' college of the capital city of the country, for its academic excellence to explore how the adolescent girls with first hand educational facilities deal with the features of sexual and reproductive health rights.

Ten in-depth interviews with twenty-five open-ended questions with an interview guide were executed. The interview guide included questions on the thematic aspect of the study- sexual and reproductive health rights of the informants, their level of awareness and how social and religious stigma affect the adolescent girls' awareness level of SRHR. Each interview lasted for 40-45 minutes. The interview as a research tool was especially applicable in this study because it enabled the researchers in building a good rapport with informants' through the process of immersion. This helped the researchers to explore the informants' inner perceptions on SRHR.

Two focus group discussions each with seven participants were operated at the study setting in order to gather collective views of the informants came to participate in the research process. Key terminologies of research questions were used in conducting the focused group discussion which lasted for ninety minutes. Focus group discussion was a useful instrument for this study because, in the conservative social setting of Bangladesh, the individual girl might not feel comfortable to talk over issues on sexual and reproductive health. As they found other girls of their own age in a group discussion, they were free enough and relaxed to express their own views.

Free-listing is defined to list the items researcher wants from the participant. A free-listing menu consisting issues that directly connect to different features of SRHR- Sexual Health and Reproductive Health, Sources of Information, Sexual and Reproductive Health Rights (SRHR), Menstruation Cycle, Sexually Transmitted Diseases-were written down on a white page which was given to the informants (15 informants) for writing down their own opinion on them. This approach allowed the informants enough room to provide their hidden views and experiences of sexual and reproductive health issues which they were not comfortable to discuss during a verbal confrontation with the researcher. Since the study uses three data collection tools, it is executed in methodological triangulation. Validity and reliability of this research project have been ensured through triangulation of data collection method and theoretical framework.

IV. Discussion of the Findings

Informants' understanding of Sexual and Reproductive Health Rights:

This study predominantly focuses on the adolescent girls' in-depth interpretations on sexuality and reproductive health rights, who studies at the class XI and XII of Holy Cross College at Dhaka, Bangladesh. Since adolescents are neither young nor adult, they are to face certain level of physical and emotional changes that include adjusting to their body for sexual maturation, learning to deal with arousing sexual desires, provoking sexual attitudes and values, the attention connected with being sexually attractive, and the new level of psychological vulnerability caused by sexual encounters, complications with regards to their reproductive health, and desires to have information on sexuality and reproduction etc.

Identification of the Sources of the Information on SRH and Religious Superstitions:

Accurate information on sexual and reproductive health is one of the most important sexual and reproductive health rights of adolescents, according to the ICPD plan of action. Our conservative society that is guided by religious superstitions, public discussion on sexuality or sexual and reproductive health is prohibited. So, the adolescent informants of the study agreed to have no valid source of getting information on it. It has

been explored from the interviews and focus group discussions, that notions they gather about sexual and reproductive health comes from discussions with their friends, seeing erotic advertisements and bed scenes in television, posters advertising sexual and reproductive health treatments by quacks, social networking sites and porn sites placed on the internet. Despite this, all the informants accepted the fact that they have received first knowledge of sexuality as well as sexual and reproductive health from their friends.

I first came to know about sexual and reproductive health in class IX. It was my friend who provided me with information, SRH. At first, I did not have any clear idea of it. I thought a woman gets pregnant if she kisses a man. As a result, I used to get horrified by thinking that all my teachers, my parents, and other elders are doing it. But, now the bed scenes shown on the television have made me understand a lot about sexual intercourse.

(Preeti, a 17 years old informant)

The informants were not that much free and frank while talking about other sources of such information. An exceptional case is demonstrated below:

I tried to gather information regarding sexuality since I was in class five. I came to know about it from sex story book, "chotiboi", the internet, social networking sites and television. I accidentally saw my cousin one day watching blue films, thereafter, forced him to tell me about it. He then told me how women become pregnant for sexual intercourse. Actually, what I learnt is learnt from my own attempt.

(Sejuti, a 17 years old Informant)

These sources of information provided to the adolescents offer them an incomplete picture of sexual and reproductive health, subsequently; they limitedly come to be informed about sexual organs and reproductive systems. A limited number of girls (e.g., 2 from 10 informants of in depth interview) also stated that they came to know about sexual and reproductive health from their mothers or other elders like sister or aunt. They accepted the fact as well that they do not feel comfortable sharing all their thoughts and ideas of SRH with them as they do it with their friends. It is because the elders they believe always want to share limited ideas with the adolescents saying that they are not old enough to know all about it.

Free-listing data discloses informants receive first lessons on SRH from their mothers who are either agynecologist or serve for the health sector as paid workers. It is assumed that mothers without having an orientation of sexual and reproductive health hardly realize its significance for their adolescent girls that hardly allow enough rooms to their daughter's to discuss sexually and reproductive health.

Sexual Health:

Socio-cultural stigma and Islamic religious superstitions hardly welcome discussion on sexuality at a public setting, according to the informants. Therefore, sexuality remains a fantasy for them. As a result, the adolescent girls lack proper knowledge of Sexual Health. During the research process (both in an in-depth interview and focus group discussions) when the informants were asked to share their own understandings of sexual health, unfortunately, most of them (90%) wanted to skip that question since they feel shy to share their own perceptions of sexuality. Soon after the rapport was well constructed and they were informed about the research objective, most of the respondents replied in the following way-

I know a lot of things about sexuality and sexual health but I cannot tell you about it. It is impossible for me to say such words.

(Tisha, 17 years old Informant)

Very few informants (40%) accompanied by hesitation answered that Sexual Health relates to concealed or sensitive parts of a women's body. It includes the safety of sex organs different for women and men, but they agreed that appropriate knowledge of the proper use of such organs is crucial for the betterment of human health. In-depth interview data interestingly reveal informants' perceptions that sexual health is only related to women's health concern. They could connect women's physical change to the concept of sexual health but failed to link men's health issues with the same:

Sexual Health! What is it? I have never heard of it but I know women experience certain physical changes during adolescence but men do not.

(Preeti, an 18 years old informant)

However, it was found that some informants (30%) could also connect sexual health with menstruation cycle but the field data depict that only 50% of the informants are capable of defining sexual health with regard to sexually transmitted diseases (STDs).

If sexual health gets deteriorated, it causes diseases like AIDS, Gonorrhoea, and Syphilis and as a result, our sex organs get damaged.

(Shabnam, a 16 years old informant)

Reproductive Health

When the informants were asked about reproductive health, they responded more positively than that of sexual health. Though they were not very much comfortable to discuss on the topic on in depth interviews or focus group discussions, through free listing we find 10 out of 15 free-listing informants were able to connect reproductive health with the protection of reproductive organs.

Due to thereproductive system and interconnection between opposite sexes, human beings are biologically produced. The proper functioning and fitness of this system can be termed as reproductive health. Sometimes both men and women have complexities in having achild because of malfunction of this system of reproduction. Men's reproductive complexities include low sperm segregation, limited duration of sexual intercourse with their intimate partner, theabsence of sperm and being impotent while women's reproductive complexities consist of thelimited capacity of producing egg or ova, irregular menstrualcycle, and depletion of theuterus.

(Sharia aged 16 years, a free listing participant)

Most of the informants hold the thought (6 among 10 informants of in depth-interview) that as women are the one giving birth to achild; they believe reproductive health should be a concern of women specifically pregnant women.

Each and every woman will be a mother in future. Before that, she must have aproper knowledge of her reproductive organs as well as idea of how to take care of it. This is what I think reproductive health is.

(Sharga of18 years, a free listing participant)

Actually, one informant out of ten interviewed was able to connect men's health issues to reproductive health concern to a little extent. AIDS, Gonorrhoea, Syphilis are seen as a part of reproductive health, according to some (50%) the respondents.

Sexually Transmitted Diseases (STDs):

All the informants perceived STDs as an important component of sexual and reproductive health. But their knowledge on STD is limited only to three diseases Gonorrhoea, AIDS, and Syphilis. They argued that they have learnt about these diseases from the media campaigns or from text books. The adolescent girls' level of awareness on AIDS is a bit satisfactory because of the campaigns supported by the printing and electronic media. Other forms of STDs, i.e., Herpes: HSV1 & HSV2, Hepatitis: A, B & C and Genital Warts: HPV) fails to get that much promotion in the media and hence fail to get attention of the adolescent girls:

When I hear about sexually transmitted diseases, I can remember of AIDS. May be Syphilis and Gonorrhoea are also STDs. Well, I memorized some names of such diseases from my text books but as I was not provided further information on them now I cannot remember any of them.

(Farhana, an 18 years old informant)

The informants suggest that one should avoid unsafe sex and illegal sexual intercourse, follow religious customs to be safe from Sexually Transmitted Diseases. Nevertheless, still many of them cannot distinguish between STDs and its aftermath. Sexually transmitted diseases can cause abnormality in reproduction as well as infertility. However, unfortunately, large numbers of adolescents consider them to be STDs as well. A more dissatisfactory answer was received from two informants interviewed and one free listing participant who believed hormonal imbalance to be part of STDs as well:

Like AIDS and Syphilis, irregular menstruation is a sexually transmitted disease. Sometimes we find the girls having younger breasts because of hormonal imbalance. This is again a kind of STD according to me.

(Shara 18 years, a free listing participant)

Informants' own interactions surrounding Sexual Reproductive Health:

Why should I know about Sexual and Reproductive Health? I don't need to be so modern that at this age I would talk about it. A girl only needs to know about sexual and reproductive health after she is married off.

(Tisha, a 17 years old informant)

This is not only the perception of this particular girl; rather it is the overall scenario of our conservative society. Religious barriers practiced within the informants dwelling don't welcome discussions on sexual and reproductive health. Moreover, the traditional society offers a suspicious look towards adolescents who discuss it openly and freely. As a result, most of the informants are not comfortable in these types of discussion that this study proposed. Most of the adolescent girls think it to be shameful to talk about sexual and reproductive health. This undoubtedly affects the level of awareness of sexual and reproductive health. Informants envisage the idea that the knowledge of sexual and reproductive health should be given to them only after marriage. But there are

always people who think out of the box. Some informants (6 free listing participants and 3 informants of in depth interview) also argued that the adolescents should be provided with the knowledge of sexual and reproductive health from their childhood:

When a girl becomes a teenager, she should be provided with the information of sexual and reproductive health. It is because in this period of life they have to face certain physical changes.

(Preeti, a 17 years old informant)

They believe this knowledge will make them aware of the risk factors regarding sexual and reproductive health in one hand, and enable them to tackle such risks efficiently in another hand. Many times the adolescent girls hesitate to share their sexual and reproductive health connected complexities with their parents. Essentially, it is because the parents fail to create a comfort zone for their children and themselves. In fact, the ones having an elder sister reported to share their problems with her at first. It is because in many cases they find their elder siblings friendlier than their parents. However, it has been found that if the female teachers are friendly with the girls, they can easily share their sexual and reproductive health connected problems easily with them.

According to informants, menstrual cycle of women is an important component of her sexual and reproductive health. Girls do not have any knowledge of this cycle before they experience it themselves. When they experienced it for the first time, they turned horrified and hesitate what to do. This unawareness may cause severe infections to informants' reproductive organs. On the other hand, the girls who knew about the cycle from elders or text books or campaigns were cautious indeed. They could easily come to their mother and had the solution to the problem of menstruation. However, most of the families of the adolescent girls fail to provide enough space for the adolescent girls to come forward and share their problems on SRH. As a result, most of the informants agreed to the fact that if they face any complexities of sexual and reproductive health, they would first wait until the problem is solved automatically. If it becomes more severe they would then share it with their friends, and if it is not solved yet, finally they would share it with their mothers. This unnecessary shame related to sexual and reproductive health may cause fatal health issues for these adolescent girls.

Common Features of SRHR of Adolescent Girls Identified:

Sexual and Reproductive Health is yet to get its due importance in Bangladesh. The above discussion demonstrates that though some of the major components of sexual and reproductive health rights are identified by the informants, a great extent of components is still untouched. Rights to have voluntary, informed, and affordable family planning services, rights to have privacy, Pre-natal care, safe motherhood services, rights to be free from any form of discrimination on the basis of sex, and rights to get sexual health information etc have not been mentioned by any of the informants. Besides, all these rights identified by the adolescent girls are seen from the perspective of women's welfare.

Traditional patriarchal society's provocation in nurturing age old superstitions, little and no knowledge encourage the adolescent girls to be quiet and arises a feeling of shame in them on the issues related to their sexual and reproductive health. Parents do not feel comfortable to share SRHR issues. In fact, very few parents acknowledge the importance of sharing such issues at the adolescent age. As a matter of fact, parents cannot help or support children in SRHR issues since they apprehend a sort of stigmatization. Parents, teachers, and other elders have a little orientation to sexual and reproductive health rights themselves hence fail to help their adolescent girls in a time of need. However, the girls coming from families involved in health care providing services (mother working as a health worker or gynecologist) are much more cautious about the issues of SRHR. Adolescent girls are interested to know about SRHR but find little scope to discuss with their family members as it is often considered inappropriate by the elders. In fact, girls prefer to share SRHR related information and problems with their peers rather than parents or teachers as they hardly get any positive responses. But peers almost provide the girls with an incomplete and fantasy oriented information which in turn may negatively affect their health.

Mouli V. C. et al. (2014) argues the need for exploring the experiences, barriers, and approaches to access and use of contraception by adolescents in low and middle income countries (LMIC) and how these, in turn, have negative effects on adolescents' experiences of unintended pregnancy, unsafe abortions, pregnancy-related mortality and morbidity and sexually transmitted Infections including Human Immunodeficiency Virus etc. Bangladesh being a part of LMIC, these barriers to attaining knowledge of contraception of the adolescent girls again prevails here. As a result, none of the adolescent informant girls was able to connect contraception with SRHR. It is undoubtedly a clear health threat for the adolescent girls of our country because most of the rural girls are married as soon as they reach adolescence.

The study findings suggest that there are girls who realize the importance of protection from STDs, privacy related to SRH, protection from VAW (Violence Against Women), protection from discrimination etc. But, they hardly connect these issues with that of sexual and reproductive health rights. There were again some respondents who thought they are completely unacquainted with sexual and reproductive health rights but when

asked individually during in-depth interview or provided clues during FGDs about some specific rights, they demonstrated their awareness

V. Concluding Notes

Sexual and Reproductive Health Rights (SRHR) are considered to be the basic human rights of a person. However, rigid social norms, stigmatization towards sex education; religious superstitions hardly allow adolescents to access information on sexuality and its orientation at their puberty. This results in adolescents' incomplete and wrong perceptions of sexual and reproductive health connected issues in the context of Bangladesh. As a result, though most of the informants have preliminary knowledge on SRHR but they hold misperceptions about the synchronization of the issues related to SRHR.

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