

Do Access to Money Determines Sexual Exposure Among Unmarried Adolescents in Bangladesh

Author: Marium ul Mutahara, Ubaidur Rob and Ismat Bhuiya

Adolescents represent approximately one-fourth of the Bangladesh population. Among them 52 percent are males and half of them are out of school and engaged in different kinds of economic activities. Most of the adolescents are not aware of issues concerning their reproductive health and majority of them have no knowledge of symptoms, transmission and prevention of sexually transmitted diseases (STDs). There is no formal sexual and reproductive health (SRH) education in the school curriculum and the adolescents mainly get information from unauthentic sources. Parents and teachers also unaware of the SRH needs of adolescents and there is a lack of supportive environment at the family and school level. In general, health service delivery system is not adequately designed to provide the services to this large section of the population.

Premarital sex is traditionally taboo in Bangladesh, and it is commonly believed that unmarried adolescents are not sexually active. However, findings from several studies suggest that the situation is changing rapidly, particularly among male adolescents. Clinical evidence also suggests that young unmarried males are experimenting with sex.

Unmarried but sexually active adolescent boys typically report that they do not feel comfortable seeking advice or buying condoms from nearby clinics and pharmacies and perceive providers to be judgmental and unfriendly. An operations research study conducted in Bangladesh suggests that the unmarried male adolescents are engaged in risky sexual behavior. Knowledge related sexually transmitted infections/diseases were less than 20 percent among employed adolescents. An operations research study was conducted in Bangladesh to examine the impact of different types of interventions on improving knowledge and utilization of reproductive services. In order to assess whether access to money has a positive relation with risky sexual practice, information was collected from three urban areas both before and after the interventions.

Using systematic random sampling, 1508 adolescent boys aged between 13 to 19 years were interviewed. Findings suggest that a considerable number of unmarried male adolescents are actively involved in sexual activities. Findings suggest that 16 percent of unmarried male adolescents reported having sex in the last one year. The mean age at first sex was 15 years. The majority of the boys reported to have experienced sex with more than one partner. Only 8 percent adolescents have experienced sexual coercion.

It is observed that male adolescents who are gainfully employed had higher sexual exposure compared to their counterparts. Both the groups had sex with commercial sex workers and only one-third of them used condom during the sex. Approximately 22 percent experienced symptoms of sexually transmitted diseases and only one third of them received treatment. Findings suggest that only 11 percent of adolescent boys used any contraceptive method to prevent pregnancy and another 9 percent to prevent any sexually transmitted infections at the first time they have sex. In case of last intercourse 40 percent of the adolescents reported they have used any contraceptive methods.

Findings suggest that drug and alcohol taking are more frequent among employed adolescents than unemployed adolescents. More than 80 percent of employed adolescents have smoked cigarette and one third of them have drunk alcoholic drink. About half of the employed adolescents mentioned they have taken drugs.

Study reveals that unmarried adolescents are experiencing risky sexual behavior. The effects of globalization, rising age at marriage, rapid urbanization and greater opportunities for socialization in Bangladesh have heightened the risk of STDs, HIV/AIDS, and unwanted pregnancy therefore, to avoid the social consequences of unplanned pregnancy, transmission of STDs and HIV/AIDS, proper reproductive health information is needed to be provided to the adolescents. Experience suggests that workplace intervention and community level awareness promotion could be the ways to reach working adolescents.