

“I do not know where I should go” Barriers in Using Sexual and Reproductive Healthcare by Male Adolescents in Bangladesh: Findings From Mixed Method Study

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BACKGROUND

In Bangladesh, 15.1 million adolescent boys are underserved in terms of Sexual and Reproductive Health (SRH) services, compared to adolescent girls. Male adolescents experience additional barriers to accessing and utilizing sexual and reproductive health services due to the influence of social constructs of masculinity, taboo, awareness, and available services¹. There are not enough SRH programs that exclusively target adolescent boys².

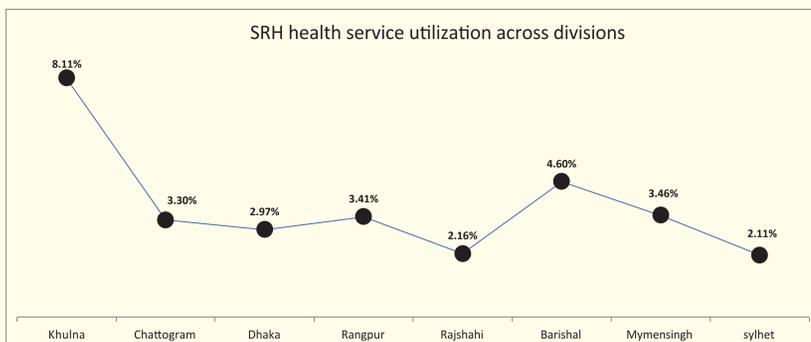
There is little evidence available about male youths' SRH knowledge, perceptions, and practices in Bangladesh^{3&4}. Studying the SRHR issues is critical to improving the prospects of healthy and productive adulthood.

OBJECTIVE

To investigate the sexual and reproductive healthcare-seeking behavior and barriers of male adolescents in Bangladesh.

FINDINGS

- 44.6% of adolescents seek SRH healthcare during illness.
- There are no established sexual and reproductive health centers for males.
- Due to masculinity, taboo, stigma, judgment, financial concerns, and a lack of trust and confidence, adolescents avoid visiting formal healthcare facilities.
- The majority of participants in this study were unfamiliar with the sexual illnesses and reproductive health programs offered by various government and NGO-run health facilities.

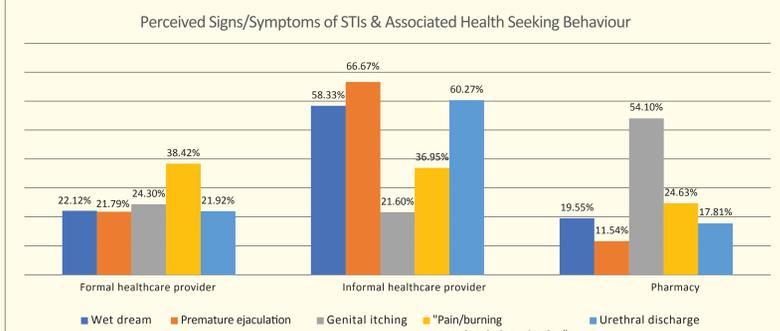


METHODS

- The research employed a mixed-method approach with 15-19 years old adolescent males.
 - For quantitative data collection, a national-level survey was done in eight divisions of rural and urban sites with 7,400 respondents.
 - For the qualitative data collection, focused ethnographic case study was done in four geographic regions, Sunamganj, Satkhira, Chittagong and Bandarban with 20 participants.

| Division | Geographical settings | Participants Number |
|------------|-----------------------|---------------------|
| Sunamganj | Haor ecology | 5 |
| Chittagong | Hill tracks | 5 |
| Satkhira | Coastal area | 5 |
| Bandarban | Indigenous community | 5 |

- For analysis-
 - Stata version(s) 12.0–15.0. Sampling weights were applied in all our analysis
 - Deductive approach was taken for prepare code book and ATLAS ti version 8 was used for qualitative data analysis



DISCUSSION AND CONCLUSION

- The identification of societal, policy, and programmatic gaps pertaining to male adolescents' sexual and reproductive health (SRH) in Bangladesh is necessary to improve SRH service utilization rates. This can positively affect sexually transmitted infections, gender-based violence, and early pregnancy in both sexes and improve overall SRH outcomes.
- These findings will be helpful for policymakers, donors, and program implementers to address the needs of male adolescents with regard to their SRH.

RECOMMENDATIONS

- Awareness programs on male sexual and reproductive healthcare services and 'rights' targeting adolescents, parents, and service providers.
- Policy makers and implementors need to consider equitable SRH programs for adolescent males and females.
- Design standard SRH information and service packages for male adolescents at government and non-government health institutions, including information on puberty-related changes, contraception, and drug addiction. Additionally, treatments for STIs, menstrual issues, and pregnancy-related services should be considered.

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