ARC Journal of Gynecology and Obstetrics
Volume 9, Issue 2, 2025, PP 7-14
ISSN 2456-0561 (Online)
DOI: https://doi.org/10.20431/2456-0561.0902002
www.arcjournals.org

Reproductive Health Seeking Behaviour of Teenage Girl Population in Rural Area of Bangladesh

***Dr. Nafisa Jafreen[1], Prof. Dr. Sultana Afroj[2], Dr. Zinia Jafrin Munni[3], Dr. Jibon Chandro Das[4], Shahana Ferdousi[5], Dr. Monowara Begum[6], Prof. Dr. Shah Muhammad Mustaquim Billah[7], Dr. Ummay Salma Sharkar[8]**

[1]Junior Consultant, Department of Obstetrics and Gynaecology, Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh

[2]Professor, Department of Obstetrics and Gynaecology, Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh

[3]Medical Officer, Department of Obstetrics and Gynaecology, Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh

[4]Medical Officer, Nasirnagar Upazila Health Complex, Brahmanbaria, Bangladesh

[5]Junior Consultant, Department of Obstetrics and Gynaecology, Manikganj Medical College Hospital, Manikgonj, Bangladesh

[6]Assistant Professor, Department of Obstetrics and Gynaecology, Enam Medical College and Hospital, Dhaka, Bangladesh

[7]Professor & Head, Department of Radiology & Imaging, Sylhet Women's Medical College, Sylhet, Bangladesh

[8]Assistant Professor, Department of Radiology & Imaging, Sylhet Women's Medical College, Sylhet, Bangladesh

Received: 03 June 2025 Accepted: 19 June 2025 Published: 30 June 2025

Corresponding Author:** ***Dr. Nafisa Jafreen, *Junior Consultant, Department of Obstetrics and Gynaecology, Shaheed Suhrawardy Medical College Hospital, Dhaka, Bangladesh.*

Abstract

Background: *Adolescent girls and young women possess immense untapped potential and when supported with education, health and opportunity, they can become powerful agents of change. The purpose of this study was to assess the reproductive health seeking behaviour of teenage girl population in rural area of Bangladesh.*

Aim of the study: *To evaluate the reproductive health seeking behaviour of teenage girl population in rural area of Bangladesh.*

Methods: *This prospective observational study was conducted at the Department of Obstetrics and Gynaecology, Nasirnagar Upazila Health Complex, Brahmanbaria, Bangladesh, from July 2022 to June 2024. A total of 167 adolescent girls aged 13–18 years who attended the health complex and consented to participate were enrolled. Data were collected via a pretested questionnaire covering health-seeking behavior and reproductive health topics. Confidentiality was maintained and data were analyzed using SPSS version 21 after quality checks.*

Results: *Among 167 rural adolescent girls, most were aged 15–18 years, students and from poor socioeconomic backgrounds. Common symptoms included abdominal pain (76%), nausea (68.3%) and dyspepsia (50.3%). Reproductive issues like abdominal pain (37.7%) and UTIs (29.9%) were frequent. While 68.3% had some health awareness, contraceptive knowledge was low (31.7%) and 65.3% did not use sanitary napkins. Despite good immunization coverage, over half had poor hygiene practices.*

Conclusion: *Teenage girls in rural areas face significant barriers to accessing reproductive health care, influenced by socioeconomic factors, family dependence and limited health service availability.*

Keywords: *Reproductive Health, Teenage Girls, Rural Bangladesh*

1. INTRODUCTION

Adolescent girls represent a key demographic group for breaking the intergenerational cycle of poverty in developing countries. Unfortunately, for many teenage girls, adolescence marks a brief and vulnerable transition from childhood to adulthood, during which they are expected to behave as adults, despite not being biologically, cognitively, or emotionally prepared for such responsibilities. This period is often marked by various hazards including school dropout, child marriage, teenage pregnancy, health complications and gender-based violence [1]. Worldwide, the youth population totals around 1.8 billion, with nearly half—about 900 million—being adolescent girls and young women. In many low-income countries, less than half of adolescent girls complete primary education and complications arising from pregnancy and childbirth continue to be the primary cause of death among girls aged 15 to 19 [2]. The health and developmental status of adolescents has both immediate and long-term consequences, not only for themselves but also for future generations.

Health care seeking behavior (HCSB) is a growing concern in understanding the health-related decisions and awareness among adolescent girls in Bangladesh. The country is currently undergoing a demographic transition, with a large working-age population and fewer dependents. Among Bangladesh's population of approximately 100 million females, 13.7 million are adolescent girls, many of whom face challenges in accessing healthcare services [3]. In this study, "health care seeking behavior" refers to the decisions or actions taken by adolescent girls to maintain good health and prevent illness [4]. Although this behavior plays a crucial role in human development, issues such as overpopulation and poverty continue to hinder progress. In rural Bangladesh, 43% of 200 adolescent girls studied were found to be vulnerable in terms of health care access [5]. These girls often encounter complex situations both within the family and at healthcare facilities, with 64.3% reportedly experiencing health-related suffering [6].

Religious beliefs and social superstitions continue to restrict rural adolescent girls' access to healthcare and socio-economic opportunities [7]. Among rural respondents, 12.5% had unpleasant experiences at healthcare centers and adolescent health service provision was found to be generally poor. Many girls were unaware that such services even existed [8]. One study reported that 53.3% of female patients received primary care, with reproductive and gastrointestinal problems being among the least addressed (13.8%) [9].

In many developing countries, including Bangladesh, illiteracy, underfunding in the health sector, poverty and inadequate sanitation continue to negatively impact adolescent health outcomes [10]. Understanding the nature, patterns and influencing factors behind adolescent health-seeking behavior—including education levels and health perceptions—is essential to improving healthcare delivery [11]. Often, healthcare decisions are made at the family level, where community members discuss the problem before deciding on treatment options [12].

Although development indicators have improved, reproductive health continues to pose significant challenges in Bangladesh. For instance, while laws against child marriage exist, its prevalence increased alarmingly during the COVID-19 pandemic. Teenage reproductive health is closely tied to child marriage—each instance undermining a girl's potential for a prosperous life. Adolescents undergo significant physical and emotional changes, yet the cultural context in Bangladesh often discourages them from expressing themselves or seeking help [13]. Menstruation, for example, is still a taboo topic, and adolescent-friendly health services remain largely unfamiliar in rural areas.

Adolescent girls and young women possess immense untapped potential. When educated, healthy and equipped with the right resources, they can contribute significantly to addressing global challenges—ranging from poverty reduction and gender equality to maternal health improvement and violence prevention. As knowledgeable mothers and future leaders, they play a vital role in shaping the well-being and progress of the next generation. To achieve this, stronger policy-making and targeted programming must be supported by expanded evidence on adolescent health and rights in low- and middle-income countries (LMICs), covering a diverse range of topics for both younger and older adolescents of all genders [14]. In this context, the present study aimed to assess the reproductive health seeking behaviour of teenage girls in the rural area of Bangladesh, to help inform future interventions and policy responses tailored to this vulnerable group.

2. Objective

- To evaluate the reproductive health seeking behaviour of teenage girl population in rural area of Bangladesh.

3. Methodology & Materials

This prospective observational study was conducted at the Department of Obstetrics and Gynaecology, Nasirnagar Upazila Health Complex, Brahmanbaria, Bangladesh, between July 2022 and June 2024. A total of 167 adolescent girls were included in the study, selected based on specific inclusion criteria to evaluate the reproductive health seeking behaviour among teenage girls in a rural setting.

Inclusion Criteria

- Teenage girls aged 13–18 years
- Attended Nasirnagar Upazila Health Complex, Brahmanbaria
- Willing to participate and provided verbal consent

Exclusion Criteria

- Unwilling to participate
- Family refusal to allow participation
- Demanded payment for participation

The purpose and nature of the study were explained to each participant before obtaining verbal consent. Selected girls were interviewed using a pretested, standardized questionnaire developed to collect relevant information. The study assessed health-seeking behavior, defined as the sequence of remedial actions undertaken to address perceived ill health and reproductive health concepts, including menstruation and pre-menarche knowledge, menstrual hygiene practices and related health problems, pregnancy management, pregnancy termination, pregnancy loss, maternal health and childbirth outcomes. Confidentiality of personal information was strictly maintained. Upon completion of data collection, questionnaires were reviewed for completeness and consistency. Data were then entered into SPSS software version 21 for statistical analysis.

4. Results

Table 1. *Demographic Profile of the Respondents (n=167)*

Variable		Frequency (n)	Percentage (%)
Age (years)	<15	52	31.1%
	15–18	115	68.9%
	Mean ± SD	16.5 ± 2.09	
Occupation	Service holder	28	16.8%
	Student	99	59.3%
	Worker	40	23.9%
Education	Primary	47	28.1%
	Secondary	65	38.9%
	Higher Secondary	55	32.9%
Religion	Muslim	152	91.0%
	Hindu	12	7.2%
	Others	3	1.8%
BMI (kg/m²)	<18.5	20	12.0%
	18.5–25.0	120	71.9%
	>25.0	27	16.2%

Table I shows the demographic profile of the respondents. Most of the participants belonged to the age group 15–18 years (68.9%), with a mean age of 16.5 ± 2.09 years. A majority were students (59.3%) and had secondary level education (38.9%). In terms of religion, most were Muslim (91.0%). Regarding socioeconomic status, the poor class constituted the largest group (52%). BMI distribution showed that the majority (71.9%) had a normal BMI ranging from 18.5–25.0 kg/m².

Table 2. *Clinical Manifestations Reported by Respondents (n=167)*

Clinical Manifestation	Frequency (n)	Percentage (%)
Pain in the abdomen	127	76.0%
Loss of appetite, dyspepsia	84	50.3%
Feeling of lump in lower abdomen	43	25.7%
Fever & headache	62	37.1%
Nausea, vomiting	114	68.3%
Anemia	58	34.7%

Table 2 presents the clinical symptoms reported by the adolescent girls. The most common complaint was pain in the abdomen (76.0%), followed by nausea and vomiting (68.3%) and loss of appetite or dyspepsia (50.3%). Other frequently observed symptoms included fever and headache (37.1%), anemia (34.7%) and a feeling of lump in the lower abdomen (25.7%).

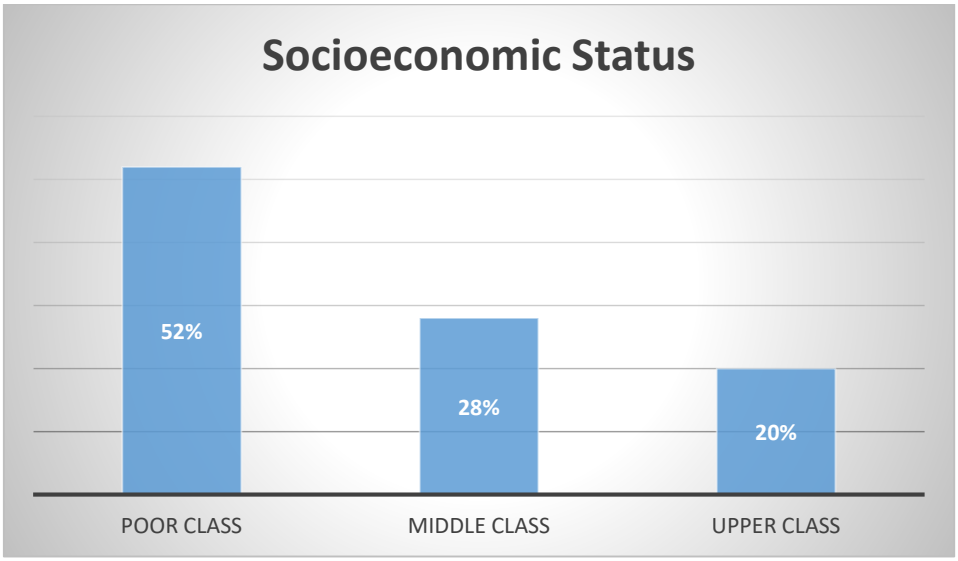

Figure 1. *Socioeconomic status of the study population (n=167)*

Figure 1 illustrates the socioeconomic status of the respondents. More than half of the adolescent girls (52%) belonged to the poor class, followed by 28% in the middle class and 20% in the upper class.

Table 3. *Distribution of Cases Suffered from Reproductive Health Problems (n=167)*

Diagnosis	Frequency (n)	Percentage (%)
Abdominal pain	63	37.7%
Irregularity	23	13.8%
Lower back pain	37	22.2%
Genital discharge	25	15.0%
Bleeding more than 7 days	32	19.2%
Bleeding less than 3 days	13	7.8%
Urinary tract infection (UTI)	50	29.9%

Table 3 shows the distribution of cases experiencing reproductive health problems. Abdominal pain was the most frequently reported issue (37.7%), followed by urinary tract infection (29.9%) and lower back pain (22.2%). Other reported problems included bleeding for more than 7 days (19.2%), genital discharge (15.0%), irregular menstrual cycles (13.8%) and bleeding for less than 3 days (7.8%).

Table 4. *Reproductive Health Awareness and Hygiene Practices among Respondents (n=167)*

Variables		Frequency (n)	Percentage (%)
Knowledge of Adolescent Health	Yes	114	68.3%
	No	53	31.7%
Menstruation Management	Traditional	45	26.9%
	Sanitary napkin	58	34.7%
	Cloth or tissue	64	38.3%
Immunization	Yes	132	79.0%
	No	35	21.0%
Sanitation Facility	Modern	90	53.9%
	Traditional	77	46.1%
Use of Sanitary Napkin	Regularly	43	25.7%
	Irregularly	15	9.0%
	No	109	65.3%
Contraceptive Knowledge	Known	53	31.7%
	Unknown	114	68.3%
Personal Hygiene Practice	Average	72	43.1%
	Poor	95	56.9%

Table 4 highlights the participants' awareness and practices related to reproductive health. About 68.3% had knowledge of adolescent health, while 31.7% lacked such awareness. Regarding menstruation management, 38.3% used cloth or tissue, 34.7% used sanitary napkins and 26.9% relied on traditional methods. Immunization coverage was reported in 79.0% of the girls. More than half (53.9%) had access to modern sanitation facilities. However, only 25.7% used sanitary napkins regularly, while 65.3% did not use them at all. Knowledge of contraceptives was poor in 68.3% of cases, and personal hygiene practices were rated as poor in 56.9% of respondents.

5. DISCUSSION

Reproductive health in adolescent girls is a crucial aspect of overall well-being, influencing their physical, emotional and social development. The findings reveal significant gaps in awareness, hygiene practices and access to appropriate health services, compounded by socioeconomic constraints. Common reproductive health problems such as abdominal pain, menstrual irregularities and urinary tract infections were prevalent, underscoring the need for targeted education and healthcare interventions. These results emphasize the importance of improving reproductive health knowledge and healthcare accessibility to promote better health outcomes for rural adolescent girls.

Adolescence, a critical transitional phase between childhood and adulthood, plays a vital role in human development. The poor nutritional status of adolescent girls significantly affects their physical work capacity and reproductive outcomes [15]. Adolescents have distinct health and developmental needs, yet many face challenges that impede their well-being. The findings of this study align with previous research, showing that the majority of respondents (68.9%) were in the 15–18 years age group, with a mean age of 16.5 ± 2.09 years. Educational attainment was relatively balanced, with 32.9% having completed higher secondary education. The socioeconomic status predominantly consisted of the poor class (52%), which may contribute to the health disparities observed. A comparable study reported that 50% of adolescent girls were in early adolescence (10–13 years), 30.7% in middle adolescence (14–16 years) and 19.3% in late adolescence (17–19 years). Additionally, approximately 24% of girls worked in the garment sector, while 72.7% were students, indicating a satisfactory educational status [16]. Another study reported that 51% of adolescent households had a monthly income exceeding 20,000 takas, whereas 11.4% earned less than 10,000 takas [17]. These socioeconomic factors likely influence the reproductive health seeking behaviour and overall well-being of adolescent girls in rural Bangladesh.

In this study, a significant proportion of adolescent girls (87%) reported experiencing reproductive health problems within the past three months. The most commonly reported clinical manifestation was abdominal pain (76.0%), followed closely by nausea and vomiting (68.3%) and loss of appetite or dyspepsia (50.3%). Other notable symptoms included fever and headache (37.1%), anemia (34.7%) and a feeling of a lump in the lower abdomen (25.7%). These findings indicate a high burden of morbidity among adolescent girls in rural settings, potentially linked to inadequate awareness, poor hygiene practices, and limited access to health services. A similar study reported fever as the most common symptom, affecting 49% of adolescent girls, while 11% experienced cough [16]. Another study observed that 17% of adolescent girls suffered from fever and 8% from cough [18]. The higher rates of gastrointestinal and gynecological symptoms in the present study may reflect differences in study populations, health-seeking behaviors, or regional health determinants.

Reproductive health issues were common among the respondents, with abdominal pain during menstruation being the most frequently reported diagnosis (37.7%). Urinary tract infections (29.9%) and lower back pain (22.2%) were also prevalent, followed by menstrual irregularities (13.8%), genital discharge (15.0%), prolonged bleeding over 7 days (19.2%) and scanty bleeding under 3 days (7.8%). These findings reflect a considerable burden of gynecological symptoms in this rural adolescent population. A similar study found that approximately 70% of respondents experienced abdominal pain during menstruation and 6.1% reported menstrual irregularities [16]. Another study reported a comparable prevalence of irregular menstruation [18]. The average age of menarche among participants in the present study was 12 years, aligning closely with findings from another study that documented a mean menarcheal age of 13 years [19].

In this study, 68.3% of the respondents had knowledge about adolescent health, yet this

awareness did not always translate into healthy practices. Menstruation management practices revealed that the majority of the participants (38.3%) used cloth or tissue, while only 34.7% used sanitary napkins and 26.9% relied on traditional methods. Despite high levels of immunization coverage (79.0%), only 25.7% of respondents reported regular use of sanitary napkins. Moreover, access to modern sanitation facilities was reported by 53.9% of the participants, while the remaining 46.1% continued using traditional facilities.

Contraceptive knowledge was notably poor, with 68.3% of the adolescent girls unaware of contraceptive methods, often due to social or religious restrictions. Personal hygiene practices were also concerning—43.1% had average hygiene, while a majority (56.9%) reported poor hygiene. Many participants held misconceptions about menstruation and had inadequate access to hygienic menstrual materials. The reuse of old cloths was common, often due to financial constraints. These findings align with previous studies, one of which reported that more than 50% of adolescent girls used sanitary napkins, while only 10.8% received education on menstrual management at school, with household income significantly influencing their choice of treatment site [20].

Similar findings were observed in another study where 67% of the girls used cloth during menstruation and 90.5% admitted to not following proper cleaning procedures. Additionally, 85.3% of respondents in that study had never received vaccination. Cultural practices also influenced behavior—54.3% of adolescent girls practiced self-isolation during menstruation and 57% avoided specific foods [16]. These outcomes emphasize how poverty, overcrowded living conditions and limited knowledge restrict rural adolescent girls from adopting healthy reproductive practices.

In Bangladesh, current healthcare services rarely address the unique health needs of teenage girls. A cross-sectional survey involving 800 unmarried female adolescents aged 12–19 years, conducted across Sylhet and Dhaka, revealed that nearly 50% of participants reported menstrual problems in the past year. Common issues included lower abdominal pain, back pain, irregular menstruation and heavy bleeding. Yet, only 40% sought treatment from qualified healthcare providers [16].

Encouraging factors for health-seeking behaviors include awareness, belief in improved care, education and knowledge about health and illness [21]. However, barriers remain prominent—lack of information on essential services (55%), ignorance toward illness (24%), distrust of government hospitals (16%), embarrassment (3%) and physical disabilities [16]. In Bangladesh, reproductive health programs are primarily targeted at married women, leaving unmarried adolescents with limited support from services provided by the Directorate General of Health Services and the Directorate General of Family Planning [16, 21].

Furthermore, adolescent girls face significant difficulties managing menstruation, such as limited privacy, insufficient time to change materials at home or school and inadequate hygiene facilities. These challenges are compounded by various physical issues including stress, abdominal cramps, excessive or minimal bleeding, nausea, vomiting and infections [21]. Because of financial limitations and a lack of motivation or knowledge, many do not seek appropriate care.

Therefore, it is imperative that government agencies, social workers, NGOs and policymakers prioritize targeted initiatives to address the reproductive health needs of rural teenage girls. Culturally sensitive education, increased access to sanitary materials and youth-friendly services can substantially improve reproductive health outcomes in this vulnerable population.

6. Limitations of the Study

This study had some limitations:

Limited Scope

The study was conducted in a single rural center, limiting its generalizability to other regions or urban settings.

Response Bias

Self-reported data on sensitive topics may be affected by social desirability bias.

7. Conclusion

The health care seeking behavior of teenage girls is a crucial aspect of human development, forming the foundation for a healthy and productive life. Rural adolescent girls often lack access to adequate medical facilities, health education, sanitation and economic support. They also encounter various challenges within both family and institutional settings when attempting to access health services. Many

adolescents frequently experience multiple health issues, with prevalence increasing with age. Government hospitals were the primary source of treatment for most respondents. Factors such as education level, household income and living arrangements significantly influenced their level of health consciousness. As most were unmarried, they relied heavily on parental support and their families were often influenced by community attitudes. Consequently, treatment-seeking behavior was sometimes limited by the availability, affordability and accessibility of services. It is therefore recommended that social workers, NGOs and policymakers prioritize training and awareness programs to strengthen the reproductive health-seeking behavior of adolescent girls in rural settings.

REFERENCES

[1] Bergstrom K, Özler B. Improving the well-being of adolescent girls in developing countries. The World Bank Research Observer. 2023 Aug; 38(2):179-212.

[2] United Nations Adolescent Girls Task Force. Fact Sheet: Girls and Young Women. Available from: https://social.un.org/youthyear/docs/fact-sheet-girl-youngwomen.pdf.

[3] Bangladesh Bureau of Statistics. Population and housing census. Dhaka: Bangladesh Bureau of Statistics, Ministry of Planning; 2020:1–35.

[4] Chauhan RC, Manikandan PA, Samuel A, Singh Z. Determinants of health care seeking behavior among rural population of a coastal area in South India. Int J Sci Rep. 2015 Jun 28; 1(2):118-22.

[5] Ekong I. Adequacy of adolescent healthcare services available for adolescent girls in a Southern Nigerian environment. International Research Journal of Medicine and Biomedical Sciences. 2016 Apr.

[6] Kumar R, Prinja S, Lakshmi PV. Health care seeking behavior of adolescents: comparative study of two service delivery models. The Indian Journal of Pediatrics. 2008 Sep; 75:895-9.

[7] Katung PY. Socio-economic factors responsible for poor utilisation of the primary health care services in a rural community in Nigeria. Nigerian journal of medicine: journal of the National Association of Resident Doctors of Nigeria. 2001 Jan 1; 10(1):28-9.

[8] Musoke D, Boynton P, Butler C, Musoke MB. Health seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. African health sciences. 2014; 14(4):1046-55.

[9] Davey S, Raghav SK, Muzammil K, Singh JV, Davey A. Study of rural health centre services utilization by adolescents in district Muzaffarnagar (Uttar Pradesh-India). Int J Med Sci Public Health. 2014 May 1; 3:603.

[10] Farotimi AA, Esike J, Nwozichi CU, Ojediran TD, Ojewole FO. Knowledge, attitude, and healthcare-seeking behavior towards dysmenorrhea among female students of a private university in Ogun State, Nigeria. Journal of basic and clinical reproductive sciences. 2015; 4(1):33-8.

[11] Grundy J, Annear P. Health-seeking behaviour studies: a literature review of study design and methods with a focus on Cambodia. Health policy and health finance knowledge hub working paper series. 2010 Oct; 7.

[12] Jain M, Nandan D, Misra SK. Qualitative assessment of health seeking behaviour and perceptions regarding quality of health care services among rural community of district Agra. Indian Journal of community medicine. 2006 Jul 1; 31(3):140.

[13] Rashid S. Reproductive health knowledge and care seeking behavior of Bangladeshi school going adolescent girls: A qualitative study in A Demajani village area of Bogura District. Adv Soc Sci Res J. 2023; 10(1).

[14] Santhya KG, Jejeebhoy SJ. Sexual and reproductive health and rights of adolescent girls: Evidence from low-and middle-income countries. Global public health. 2015 Feb 7; 10(2):189-221.

[15] Haboubi GJ, Shaikh RB. A comparison of the nutritional status of adolescents from selected schools of South India and UAE: a cross-sectional study. Indian journal of community medicine. 2009 Apr 1; 34(2):108-11.

[16] Alam SS, Rahman MN, Mia MA, Haque MM, Islam K. Reproductive health status and health seeking behavior of adolescent girls in selected urban slum of Dhaka City in Bangladesh. Global Journal of Reproductive Medicine. 2018; 5(3):75-80.

[17] Kurshed AA, Rana MM, Khan S, Azad TA, Begum J, Bhuyan MA. Dietary intake, physical activities and nutritional status of adolescent girls in an urban population of Bangladesh. Ibrahim Medical College Journal. 2010; 4(2):78-82.

[18] Alam N, Roy SK, Ahmed T, Ahmed AS. Nutritional status, dietary intake, and relevant knowledge of adolescent girls in rural Bangladesh. Journal of health, population, and nutrition. 2010 Feb; 28(1):86.

[19] Chowdhury S, Shahabuddin AM, Seal AJ, Talukder KK, Hassan Q, Begum RA, Rahman Q, Tomkins A, Costello A, Talukder MQ. Nutritional status and age at menarche in a rural

area of Bangladesh. Annals of human biology. 2000 Jan 1; 27(3):249-56.

[20] Aktar R, Jahan N. Health care seeking behavior of adolescent girls in rural areas of Khulna District. Khulna University Studies. 2022 Apr 17:164-76.

[21] Kulsum M. Menstrual concepts, hygiene practices and health seeking behaviour of adolescent girls in Bangladesh: A study on slum areas in Rajshahi. Bangladesh Rural Dev Stud. 2023; 26(1):61–9.

Citation: *Dr. Nafisa Jafreen et al. Reproductive Health Seeking Behaviour of Teenage Girl Population in Rural Area of Bangladesh. ARC Journal of Gynecology and Obstetrics. 2025; 9(2):7-14. DOI: https://doi.org/10.20431/2456-0561.0902002.*